



Name Change Request

Once complete, bring this form and all supporting documentation to the District Office – Benefits

Section 1:
Employee needs to provide updated documents substantiating the change (minimum of two required)

Driver’s license and Social Security card OR State identification card and Social Security card

DL # _____

ID # _____

Section 2:
Name must be entered exactly as displayed on your Social Security Card

Current First Name

Current Middle Name(s)

Current Last Name(s)

New First Name

New Middle Name(s)

New Last Name(s)

Section 3:
Additional information will be requested if there are changes to benefits, beneficiaries, and/or dependents

Marriage license Divorce decree
 Name change court documents Other

Section 4: Verified by Human Resources

Benefits Services: PeopleSoft VEBA

Technician’s Initials and Date: _____

Retirement Reporting: PERS STRS FBC

Technician’s Initials and Date: _____

Human Resources Systems: Campus Solutions IT Purchasing

Technician’s Initials and Date: _____