

**Name Change Request**

*Please complete this form, and provide supporting documentation as indicated below to request legal a name change.*

***Please DO NOT email this form- it has personal identifiable information (e.g. SSN), please see below for options to submit this form***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***New Name:*** | *GID: \_\_\_\_\_\_\_\_\_\_\_* | *SSN: \_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Last: \_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *First: \_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_* | *MI: \_\_\_\_\_\_\_* |
| ***Previous Name:*** |  |  | *Last: \_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *First: \_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_* | *MI: \_\_\_\_\_\_\_* |
| ***Mailing Address and Phone:*** | *Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *City: \_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *State\_\_\_\_\_\_\_\_* | *Zip: \_\_\_\_\_\_\_\_* | *Phone: \_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_* |

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| ***Documentation required for name change (to be verified by MSU Human Resource representative):*** |
| * Social Security Card reflecting new name * Official court document indicating legal name change * Photo ID * Updated W4 (State and Federal) |
| ***I authorize Montana State University to update records to reflect my name change as indicated above:***  **Employee Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  |
| **Additionally, update my email address and user accounts to my new “first.last” naming convention (this includes Display Name, Online Directories, Adobe, Box, Brightspace/D2L, Listservs, and other systems)**  ***Yes No***  **Employee Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***My signature below certifies that I have reviewed the above materials and documents*** |
| **Human Resources Signature: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Friendly Reminders**

* Employees who are members of a state retirement system (TRS, PERS, TIAA-CREF, GWPORS, etc), enrolled in a supplemental annuity, or a member of a Union, please contact these organizations directly to inform them of your name change
* If you are enrolled in the MUS "CHOICES" health plan, these providers will be notified of your name change by the MSU Office of Human Resources
* Do you need to update your beneficiaries? Have your beneficiary’s names changed?

***Please print, fill/sign and submit via:***

* *Secure file transfer* [*https://filetransfer.montana.edu/*](https://filetransfer.montana.edu/) *to* [*hrservicecenter@montana.edu*](mailto:hrservicecenter@montana.edu)
* *Fax to: Human Resources 406-994-5974*
* *Drop off to Human Resources Offices, 920 Technology Blvd. Suite A, Bozeman, MT 59718*
* *Mail to Human Resources Offices, PO Box 172520, Bozeman, MT 59717-2520*