



Office of Human Resources

NAME CHANGE FORM

PLEASE PRINT

EMPLOYEE'S ORIGINAL NAME: _____

SOCIAL SECURITY #: _____

NEW NAME: _____

DOCUMENTATION PRESENTED:

A copy of one of the following:

- New Social Security Card
 Marriage/Divorce Certificate

Document must be presented to Human Resources in order to complete this change.

Employee Signature

Date

RETURN THIS FORM TO HUMAN RESOURCES

**The Office of Human Resources is located in Kellenberg Hall, room K011.
Office hours are Monday through Friday 9:00am to 5:00pm
Any questions please contact Human Resources 516-323-3050**