

NAME CHANGE REQUEST

Return SIGNED form to:

Human Resources
18 Montana Hall
Montana State University
Bozeman, MT 59717-2520

Please note: Employees who have retirement, supplemental annuities or union affiliation must contact organizations directly with any changes.

Health Insurance providers will be automatically notified.

Legal Documentation Required (to be verified by HR representative):

- Official Court Document indicating Legal Change of Name _____

And

HR or Department Representative Signature

- Driver's License with new name _____

HR or Departmental Representative Signature

Friendly reminder:

Please make sure that your new name matches the name on your Social Security card.

Employee ID number:

• _____

New Name: (Please Print Clearly!)

• _____

Last Name

First Name

Middle Name

Previous Name: (Please Print Clearly!)

• _____

Last Name

First Name

Middle Name

Mailing Address and Phone Number:



• _____

Street

City, State, Zip

Phone

I authorize MSU-Bozeman to change my university records to reflect my name change:

•  

Signature (sign full legal signature exactly as printed above for new name)

Date