# Legal Name Change Request

Please complete the form and bring the required supporting documentation below when returning the form. DO NOT email this form, as it contains personally identifiable information.

|  |  |  |  |
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| **Supporting Documentation** | | | **Return Information** |
| * Social Security Card reflecting new name. * Official court document indicating legal name change. * Photo ID. | | | University Human Resources  Montana State University  920 Technology Blvd., Suite A  Bozeman, MT 59717-2520 |
| **New Name Information** | | **Previous Name Information** | |
| Legal First Name: |  | First Name: |  |
| Legal Last Name: |  | Last Name: |  |
| Legal Middle Initial: |  | Middle Initial: |  |
| SSN: |  | GID (Last 4): |  |
| **Personal Information** | | | |
| Update email address and user account to my new “first.last” naming convention (including Display Name, Online Directories, Adobe, LMS, Listservs, etc.):  Yes  No | | | |
| Street: |  | | |
| City: |  | State: |  |
| Zip: |  | Phone: |  |
| **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 contact these organizations to inform them of your name change. * Update W4 Forms (Federal and State). * To ensure your beneficiaries are correct, review and update your beneficiary information to reflect any name changes. * If you are enrolled in the MUS “CHOICES” health plan, these providers will be notified of your name change by University Human Resources. | | | |

Signatures

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Employee Name Signature Date

*I authorize Montana State University to update records to reflect my name change as indicated on the form.*

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*My signature above certifies that I have reviewed the above materials and documents.*