# 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 ResourcesMontana State University920 Technology Blvd., Suite ABozeman, 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.
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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.*