AUBURN UNIVERSITY
HUMAN RESOURCES

Request for Employee Name Change

Complete this form in its entirety to request a name change. A copy of a Social Security card must be provided as documentation for name changes. Upon completion, submit the form and documentation via the secure document transmittal link: Verification Documents, in-person at Human Resources or by fax at 334-844-1611.

Date of Request: _____

Employee Name: _____ Banner Number: _____

Name Change Information: ***(complete all that apply)***

Legal Name From: _____

Legal Name To: _____

Preferred Name From: _____

Preferred Name To: _____

Signature: _____ Date: _____

Note: Social Security numbers will be provided via a secure method. A copy will be maintained in the employee's official personnel file.