

**Human Resources
Name Change Request**

Current Legal Name: _____
First Middle Last

Phone Number: _____ Banner ID/900 #: _____

Employee Type: Staff Faculty Student

Legal Name Change: New

Name: _____
First Middle Last

I have read and understand this form, and I hereby certify that the above is true and correct, and that I am the individual requesting the change.

Signature

Date

FOR HR USE ONLY

Employee ID #: _____ Date received: _____ Required documents received: _____ (Y/N)

Banner Faculty/Staff change: _____ OneUSG Change: _____ Changed by: _____
Date _____

Sent to Faculty Records: _____ Sent to IT: _____

Sent to Registrar's Office: _____ I9 Update: _____

Accessibility Statement

If you need this form in another format - please reach out to HR@ung.edu or 706.864.1400