

human resources

DATE:

TO: Risk Management

FROM: Lori Wilson
Assistant Human Resource Officer

RE: NAME CHANGE

Please update your records regarding the name change listed below:

FORMER NAME _____
(please print)

NEW NAME _____
(please print)

Please provide copy of legal documentation supporting name change.

SIGNATURE _____

SOCIAL SECURITY # _____

Thank you.

c: Switchboard
Payroll
President's Office
Academic Affairs
Help Desk
File