



AUBURN UNIVERSITY

HUMAN RESOURCES

## Request for Employee Legal 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 legal name changes. Upon completion, submit the form and documentation via the [Secure Document Upload website](#), in person at Auburn University Human Resources or by fax at 334-844-1611.

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Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Banner Number: \_\_\_\_\_

### Name Change Information:

Legal Name From: \_\_\_\_\_

Legal Name To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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### For AUHR use only:

Date of receipt of this request: \_\_\_\_\_ Received by: \_\_\_\_\_

Date of change in HR Information System: \_\_\_\_\_