



Legal Name Change Form

(Please send completed form and attachment to Payroll, Thompson University Center)

Declaration:

I hereby request that the University of Oregon use my new legal name in all University records. This name change is neither for fraudulent purpose nor the avoidance of creditors.

Identification:

UO ID _____

Previous Name

Last First Middle

New Name

Last First Middle

Mailing Address

Street City State Zip

Note: This mailing address will be used to update our records.

Email Address

Phone

Signature

Employee Signature (New Name) Date

Important: Attach a copy of my new Social Security Card.

Note: The Payroll Office requires that the employee submit a copy of his/her social security card bearing the new name. We will not make name changes without a copy of the SSN card for the following reasons:

- The name (and SSN) are used to identify employee wages for both the Social Security Administration and Internal Revenue Service.
- The name is used to validate that the SSN belongs to the employee.
- The IRS will penalize employers that report incorrect name and SSN information.

Reference: IRS Publication 15, Circular E, Employers Tax Guide

I request that the University of Oregon use my preferred first name or nickname rather than my legal first name in both the printed staff directory and the on-line directory.

Preferred First Name
