

Name Change Form

University ID Number: _____

Name: _____

Affiliation with the University (Mark all that apply): Student Faculty Staff Affiliate**NAME CHANGE****Effective Date:** _____*(Must present this form and new social security card to Human Resources – Jordan Hall 052)*

Prior Name (last, first, middle): _____

New Name* (last, first, middle): _____

Preferred Name* (last, first, middle): _____

*After verifying name change has been made in My.Butler, please contact IT to change email address (if applicable).

Signature: _____**Date:** _____***Internal Use Only******Updated in the system by:******Date:******SS Verified By:******Date:***