



Learning with Purpose

NAME CHANGE FORM

CURRENT PERSONAL INFORMATION		
Employee ID	Student ID	Date of Request
First Name	Last Name	Middle
Preferred First Name	Prefix	Suffix
UML Email Address <div style="text-align: center;">@uml.edu</div>		

NEW PERSONAL INFORMATION		
First Name	Last Name	Middle
Preferred First Name	Prefix	Suffix
Employee Signature	Date	

This form should only be used if you have legally changed your name. If your name has changed, you must present **in person** an original version of one of the acceptable documents listed below, along with this completed form to:

University of Massachusetts Lowell
Human Resources
45 Lawrence Drive
Lowell MA 01854

Telephone: 978-934-3560 | Email: hr@uml.edu | Fax: 978-934-3045

By submitting this form your name will update in HR Direct, SIS, GIC benefits, email and directory.

LIST OF ACCEPTABLE DOCUMENTS (check one)
Social Security Card Legal Name Change Document <ul style="list-style-type: none"> NOTE: Be sure to update your name with the Social Security Administration.

HR USE ONLY	
Update: HR Direct ____ I-9 ____ Benefits ____ File ____	Send to: Registrar ____ IT ____
Completed by _____ Date _____	