



Human Resources
700 Park Avenue, Suite 210
Norfolk, Virginia 23504-8004
Tel: (757) 823-8160 / Fax: (757)823-2805

NAME CHANGE REQUEST FORM

EMPLOYEE NAME (Print):
DATE OF REQUEST: NSU ID#:
EMPLOYMENT STATUS: HOURLY CLASSIFIED FACULTY / ADMINISTRATOR

MY NAME HAS CHANGED AS INDICATED BELOW:

ORIGINAL NAME:

NEW LEGAL NAME:

NOTE: This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.

Employee Signature:

Date Signed:

HUMAN RESOURCES OFFICE ONLY

Keyed By: (Copy will be forwarded to Payroll)

Date Keyed: