

Ball State University
HR Solutions Center
Admin. Bldg Rm G29
Muncie, IN 47306

humanresources@bsu.edu

EMPLOYEE NAME CHANGE REQUEST FORM

** A copy of your updated social security card
with the changed name must accompany this form

Phone: 765-285-1834

Date _____

* Ball State ID
number

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Phone No. ()-_____-_____

*******Change the following information*******

Change FROM: Former Name (PLEASE PRINT)

Last First Middle
Change TO: Current Name (PLEASE PRINT)*

Last First Middle
 By Marriage By Court Birth Certificate

All Former names _____

I authorize the name change on my Employee Records as specified above.

Signature _____

Remote workers:

This form along with documentation in PDF format may be emailed to humanresources@bsu.edu

Please black out the first 5 digits of your SSN before emailing your documents to our office.