### NAME CHANGE
Request Form

**NEW Employee Name:**
Last: ____________________________  
Middle: ____________________________  
First: ____________________________

**OLD Employee Name:**
Last: ____________________________  
Middle: ____________________________  
First: ____________________________

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**Mail to:**
UNCG Payroll Dept  
821 S. Josephine Boyd St  
PO Box 26170  
Greensboro, NC 27403  
OR  
Fax to **336-334-3131** along with a copy of the **SIGNED** new Social Security card

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**DO NOT EMAIL FORM OR SOCIAL SECURITY CARD**

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* You MUST attach a SIGNED copy of the new Social Security card for change to be effective *

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**Payroll Use Only -**

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<th>Checked</th>
<th>Scanned and Emailed Name Change to:</th>
<th>Entered By:</th>
<th>Date:</th>
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**Rev 7/13/20**