



UNC GREENSBORO

NAME CHANGE

Request Form

University ID

Department

NEW Employee Name:

Last: _____

Middle: _____

First: _____

OLD Employee Name:

Last: _____

Middle: _____

First: _____

Employee Signature

Date

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

DO NOT EMAIL FORM OR SOCIAL SECURITY CARD

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

Payroll Use Only -

Scanned and Emailed Name Change to:
Check the appropriate box(es)

HR Date: _____

Provost Date: _____

Benefits Date: _____

Entered By: _____

Date: _____

Reviewed By: _____

Date: _____