

Name Change Request Form

Date Requested: _____

Previous Employee Name: _____

Current Employee Name: _____

Reason for name change: _____

Date Effective: _____

Employee signature: _____

Please return the completed form to Human Resources with an updated social security card.

Received by: _____

Date: _____

*If this name change is a result of a divorce, please email Nikia Belizaire (belizairen@vpcc.edu).