



Name Change Form

Submit all employee and student name changes to the
Payroll Office- Admin 305
345 Monmouth Ave
Monmouth, Oregon 97361
503-838-8204 Fax 503-838-8522

I hereby request that Western Oregon University use my new name in all future personal records and to Cross-index all records pertaining to me.

Print Former Name

Former Signature

Print New Name

New Signature

Social Security Number/ SID Number

Date Signed

approximate dates of attendance/employment _____ Student _____ Employee _____

Date of Birth _____

Current Address: _____ E-mail _____

City: _____ State/ZIP _____

Home Phone _____ Work Phone _____
(Area Code/Number) (Area Code/ Number/ Extension)

Please attach a copy of one of the following:

Social Security Card Marriage License Divorce Decree Court Order

ALL ACTIVE EMPLOYEES, including student employees, must bring an original social security card with name changes to the Payroll Office.

If you have applied for graduation, please contact the Registrar's Office to verify the name that you would like on your diploma.

Name Change Form received by _____ Date _____ Dept. _____

For Office Use Only

Copies sent to:	Admissions	Alumni Relations	Business Office	
	Financial Aid	HR	Registrar's Office	SEP
	Student Health	Student Payroll	VP Student Affairs	

Banner Input Date _____ by _____ Payroll Office