



NAME CHANGE FORM

Name Change Information			
Banner ID		Date	Contact Phone Number
NEW Name	Last Name	First Name	Middle
PREVIOUS Name	Last Name	First Name	Middle
Instructions			
<ol style="list-style-type: none"> 1. Please come to University Human Resources with this form and your social security card reflecting your new name. 2. HR will update your name in Banner. 3. It is recommended that you obtain a new ID Card from Tribe Card Services after your name has been updated in Banner. Please contact Tribe Card Services for any questions or fees associated with a new card. 4. It is the responsibility of the employee to update any beneficiary information for any policies such as life insurance. 5. If you do not work onsite at William & Mary, please contact AskHR@wm.edu for assistance. 			
Signature/Date			
Employee's Signature _____			
Date _____			