



Learning with Purpose

NAME CHANGE FORM

By submitting this form, you acknowledge that your name will update in HR Direct, SiS, email, and directory.

For legal name changes, I-9 will be updated and GIC Benefits (if applicable). The University of Massachusetts Lowell requires that you submit a copy of the documentation that legally validates your change of name (see box C).

A. CURRENT PERSONAL INFORMATION		
Employee Payroll ID	Campus ID	Date of Request
First Name	Last Name	Middle
Preferred First Name	Prefix	Suffix
UML Email Address @uml.edu		

B. NEW PERSONAL INFORMATION		
First Name	Last Name	Middle
Preferred First Name	Prefix	Suffix
Employee Signature	Date	

C. LIST OF ACCEPTABLE DOCUMENTS (check one)	D. REASONS FOR NAME CHANGE
Social Security Card (In-person verification required)	Marriage Preferred
Passport	Divorce Legal Change of Name
Driver's License	Misspelling Legal Separation

Please submit your form and documentation to HR@uml.edu. For in-person verifications, please visit our office at:

Human Resources
Wannalancit Mills
600 Suffolk Street, Suite 520
Lowell, MA 01854

Telephone: 978-934-3560 | Email: HR@uml.edu | Fax: 978-934-3045

HR USE ONLY	
Update: HR Direct ___ I-9 ___ Benefits ___ File ___	Send to: Registrar ___ IT ___
Completed by _____ Date _____	