



## Payroll Name Change Form

\_\_\_\_\_  
Banner ID number

\_\_\_\_\_  
Current name as it appears  
on payroll records

\_\_\_\_\_  
**Print new name:**  
**First**                      **Middle**                      **Last**

\_\_\_\_\_  
Effective date of Name Change

\_\_\_\_\_  
Reason for name change

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Acceptable document provided to  
change name:

\_\_\_ Social Security Card

(Place a check beside the original  
documentation viewed as proof)

**\*\*If you wish to change your name as it appears on the  
campus caller ID, or your UConnect ID, please call  
the IT help desk at x2255 and submit a work order.\*\***

*Return form to:*  
Human Resources  
Admin 204  
100 N Univ. Dr., Box 171  
Edmond, OK 73034

Office use only

\_\_\_\_\_  
Initial and Date

\_\_\_ Banner

\_\_\_ TR