

**Name and/or Social Security Number Change Request**

(A *clear* copy of your new Social Security Card will be required)

Are \_\_\_\_\_

\_\_\_\_\_

Please change my information as indicated below:

NEW Full Legal Name:

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New Last	New First	New Middle
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OLD Full Legal Name:

\_\_\_\_\_

Completed form with

a *clear* copy of your New Social Security Card to:

For Employees:  
Human Resources Benefits  
[HSCBenefits@ttuhsc.edu](mailto:HSCBenefits@ttuhsc.edu)