



Employee Legal Name Change Form

A copy of your Social Security card with your name must be provided as documentation for legal name changes. Submit this completed form and documentation in person at Boise State University's Human Resource (HR) office located at 2225 West University Drive Capitol Village, #3 Boise, ID 83725-1265 or by fax at 208-426-3100.

Date of Request: _____

Employee Name: _____

Boise State University ID Number: _____

Name Change Information:

Legal Name From: _____

Legal Name To: _____

Signature: _____ Date: _____

Employee must submit a copy of their Social Security card bearing the new name. We are unable to make name changes without this copy for the following reasons:

- Name and Social Security Number (SSN) are used to identify employee wages for both the Social Security Administration and Internal Revenue Service (IRS).
- The IRS will penalize employers that report incorrect name and SSN information.
- Reference: IRS Publication 15, Circular E, Employers' Tax Guide

If you need assistance completing this form please contact us at (208) 426-1616.

FOR HR USE ONLY

Form Received by: _____ Date: _____

Processed on: _____ Placed in Employee Record: _____