



Name Change Request

SDCCD maintains your records under your legal name.
 Acceptable documentation is required to make a change to the name we have on file.
 Once complete, bring this form and all supporting documents to the District Benefits Office.

Current Name	Employee ID
Employee Signature	Date

Section 1: Provide documents substantiating the change (minimum of two required)

Driver's license **and** Social Security card OR State identification card **and** Social Security card
 DL # _____ ID # _____

Section 2: Name must be entered exactly as displayed on your Social Security Card

 New First Name New Middle Name New Last Name

Do you have a preferred first name? _____

Section 3: Additional information required if there are changes to benefits and/or dependents

Marriage license Divorce decree
 Name change court documents Other _____

Section 4: Verified by Human Resources

Benefits Services: PeopleSoft VEBA FSA Schools First _____
 Technician's Initials and Date: _____

Retirement Reporting: PERS STRS Schools First
 Technician's Initials and Date: _____

Human Resources Systems: Campus Solutions IT Purchasing
 Technician's Initials and Date: _____

**** Please note that name changes will not immediately update your email address or Outlook display name. This is a separate process and will take additional time.**