

**Employee Information**

Requested Action:

- Display name change only (your name as it should appear in the OSU directory)
- Legal name change (and may include a display name change)

Your new name as it should appear in the OSU directory:

Last Name First Name MI (optional) OSU ID Number

If this is a legal name change, provide your new name as it appears on your social security card:

Last Name First Name Middle Name

What was your former name?

Last Name First Name Middle Name

If your name change also includes a legal sex* change, please indicate new sex: Female Male Non-Binary

*Required for insurance benefits purposes

If your Current Mailing Address or Telephone have changed, please provide your new information:

Street or P.O. Box

City State Zip Code Area Code and Telephone Number Nation (if outside USA)

Signature

I certify that I personally completed this form and that all information contained herein is true, correct, and complete to the best of my knowledge.

Employee Signature _____ Date _____