



HR NAME CHANGE FORM

By submitting this form, you acknowledge that your name will be updated in HR Direct, SIS, the UMass Lowell directory, and email (if applicable). For legal name changes, your I-9 will be updated and GIC benefits if applicable. For all legal name changes, UMass Lowell requires that you submit a copy of documentation that legally validates your name change (see Section D). This ensures the protection of your record. It is understood that this change is made without any intent to defraud the University or those persons/institutions who might request a copy of your record.

PART A: CURRENT NAME AS LISTED ON PAYCHECK

Employee Name: (First, Middle, Last): _____

Employee Payroll ID: _____

Campus ID: _____

Job Title: _____

Prefix: _____

Suffix: _____

PART B: NEW LEGAL NAME TO CHANGE IN SYSTEM

First: _____

Last: _____

Middle: _____

Prefix: _____

Suffix: _____

PART C: EMAIL PREFERENCE

Please specify your preference:

☐ **Keep current email address (no changes)**

Your email will remain exactly as it is now.

☐ **Update email to reflect new legal name**

Your email will change to match your updated legal name in HR records.

☐ **Update email to reflect preferred name (if different from legal name)**

Your email will display your preferred name (e.g., first name or maiden name), even if your legal name remains unchanged in HR records. Note: Paychecks, tax forms, and I-9 will still show your legal name.

PART D: LIST OF ACCEPTABLE DOCUMENTS

☐ Social Security Card

☐ Passport

☐ Driver's License

PART E: REASON FOR NAME CHANGE

☐ Marriage (please include date: _____)

☐ Divorce

☐ Legal Separation

☐ Legal Name Change

☐ Misspelling

Employee Signature: _____

Date: _____

Please submit completed form and a copy of your documentation through AskHR:

<https://www.uml.edu/hr/forms> or you may mail your form to:

Human Resources Office

820 Broadway Street, Lowell, MA 01854

Phone: 978-934-3560 | Fax: 978-934-3045

January 2026

FOR HR USE ONLY

Update:

HR Direct ☐ I-9 ☐ Benefits ☐ File ☐

Send to:

Registrar ☐ IT ☐

Completed by:

Date: