



# Dartmouth College

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## NAME CHANGE FORM

Name: \_\_\_\_\_ Last 4 digits of SSN or Dart ID: \_\_\_\_\_  
(Required to process form)

Dept.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

### NAME CHANGE

Former Legal name: \_\_\_\_\_

New legal name: \_\_\_\_\_

*Please attach copy of legal document*

Professional/Preferred Name: \_\_\_\_\_

Employee Signature \_\_\_\_\_