



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.***