



# XAVIER

UNIVERSITY of LOUISIANA

1 Drexel Drive • Box 104  
New Orleans, Louisiana 70125-1098  
Office (504) 520-7537 • Fax (504) 520-7937

## NAME CHANGE FORM

This is a request to change my name effective \_\_\_\_\_

(From) \_\_\_\_\_

Last Name

First Name

MI

(To) \_\_\_\_\_

Last Name

First Name

MI

Social Security Number: \_\_\_\_\_

This name change request will be effective for my entire Personnel/Payroll records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Please be sure to complete forms with the appropriate governmental agencies (i.e. Social Security Administration) to ensure all records are up to date. If possible, attach a copy of your new social security card with this request.