



SECTION I: PERSONAL INFORMATION

SSN \_\_\_\_\_ OSU Employee ID# \_\_\_\_\_
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
Date of Birth MM/DD/YYYY \_\_\_\_\_

SECTION II: REASON FOR COMPLETING FORM (COMPLETE SECTIONS THAT APPLY)

INFORMATION TO BE CHANGED Name Social Security Number Date of Birth

NAME CHANGE: Prior Last Name \_\_\_\_\_ Prior First Name \_\_\_\_\_
Prior Middle Name \_\_\_\_\_

SOCIAL SECURITY NUMBER CHANGE:

CORRECT Social Security Number \_\_\_\_\_ INCORRECT Social Security Number \_\_\_\_\_
TEMPORARY Social Security Number (99X-XX-XXXX) \_\_\_\_\_

DATE OF BIRTH CHANGE:

CORRECT Date of Birth \_\_\_\_\_ INCORRECT Date of Birth \_\_\_\_\_

SECTION III: CERTIFICATION

I affirm that the information provided on this form is complete and true.

Legal signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOCUMENTATION REQUIRED FOR NAME CHANGES:

Marriage—Copy of driver’s license with new name, social security card with new name, or marriage certificate or license
Divorce—Copy of divorce decree, court entry, or order of legal name change
Legal Name Change—Court order of legal name change
No documentation is required if going from middle initial to middle name or vice versa.

DOCUMENTATION REQUIRED FOR SOCIAL SECURITY NUMBER CHANGES:

- 1. Copy of Social Security Card and
2. Driver’s license or other government-issued photo ID

If faxing this form, you must photocopy your Social Security card and sign it before you fax it.

For additional information, contact HR Connection at hrconnection.osu.edu,
(614) 247-myHR (6947) or HRConnection@osu.edu. Representatives are available Monday-Friday, 8 a.m.-5 p.m.

Return completed form to:
Office of Human Resources, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.