

Return this form to:
HR Service Center
hrservic@syr.edu
Phone 315.443.4042 Fax 315.443.1063
Skytop Office Bldg., Suite 101, Syracuse, NY 13244

Please complete this form, sign below, and attach a photocopy of your new Social Security card that bears your new name.
HR will not change your name without a copy of your new Social Security card. Your name as it appears on the Social Security card will be entered into the University system.

Date: _____

Previous Name (Last, First, Middle): _____

New Name (Last, First, Middle): _____

SUID: _____

Signature: _____

Please note, HR will notify the following insurance companies of this name change (as applicable):

- Delta Dental
- OptumRx (Prescription Benefit Manager)
- POMCO (SUBBlue/SUOrange/SUPro)
- SEBF Dental (Dental Plan for SEIU Bargaining Unit Members Only)
- The Standard (Voluntary Long Term Disability Plan)
- VSP Vision
- WageWorks (Flexible Spending Accounts)

You may also add a Preferred Name in MySlice, which will appear as your e-mail display name, and in OrangeSAccess and Blackboard. Other University records including payroll and benefits will use only the name printed on your Social Security card.