



COMMUNITY COLLEGE
system of New Hampshire

LEGAL NAME CHANGE FORM

*(Please mail completed form to your Human Resources Office
within thirty-one (31) days from the date of name change)*

CCSNH Institution (check one):

SYS _____ GBCC _____ LRCC _____ MCC _____
NCC _____ NHTI _____ RVCC _____ WMCC _____

New Name:

_____ Last First MI

Former Name:

_____ Last First MI

Social Security Number (last four digits): XXX-XX-XXXXXXXXXX

Effective Date of Name Change: _____

Reason for Name Change (check one):

- Legal Name Change (attach a copy of Court Document authorizing name change)
- Change in Marital Status (attach copy of Marriage Certificate/Divorce Decree)

Employee Signature Date

_____-_____-_____
Employee Contact Phone Number