



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

PAYROLL SERVICES - CHANGE OF NAME FORM

Instructions:

Contact the Social Security Administration at 1-800-772-1213 and ask for instructions for obtaining a new Social Security card with your new name. Web Information: <http://www.ssa.gov/pubs/10513.html>

Social Security Office Locations <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>

When you receive your new card, take the new original Social Security card and this completed form to Payroll Services.

ORP Participants should also notify their vendors.

Tax Deferred Account Holders should contact their vendors

SOCIAL SECURITY # (xxx-xx-xxxx)

CURRENT: Last Name: First: Middle:

NEW : Last Name: First: Middle:

By signing this form you certify that you are giving Prairie View A&M University Payroll Services Department permission to change your name in our database.

Signature Date

I verified the name change is reflected on the original social security card and copy has been made for the file.

Signature of Payroll Services Staff Date

Contact:
Payroll Services
PO Box 519 MS 1311
WR Banks Room 114
Prairie View, Texas 77446-0519
Fax (936) 261-1955

For Questions:
payroll@pvamu.edu
(936) 261-1904

Date Changed in BPP: _____ by _____