SMITH COLLEGE

PROFESSIONAL NAME CHANGE AUTHORIZATION

This is a request to have my professional name used as my primary identity at Smith College. A professional name is considered to be a name under which one publishes, conducts business and/or is academically known. This policy is not intended to accommodate nicknames.

SMITH COLLEGE EMPLOYEE ID:_____

LEGAL NAME: _____
(as shown on your SSN Card) (First) (Middle) (Last) (Suffix)

PROFESSIONAL NAME:_____
(First) (Middle) (Last)

CAMPUS ADDRESS:_____

CAMPUS PHONE:_____

I acknowledge, understand and accept that the use of my professional name at Smith will cause documents issued by the College, including that of my paycheck, to show my professional name and not my legal name. Smith College will use my legal name with federal and state tax authorities and for all other legal purposes. I agree to release, indemnify and hold harmless Smith College from all claims, damages and expenses related to or arising out of my designation of such a professional name.

_____ _____
Employee Signature Date

_____ _____
Signature of Human Resource Professional Date

This form should be returned to Office of Human Resources, 30 Belmont Avenue.