



SMITH COLLEGE

PROFESSIONAL NAME CHANGE REQUEST

This is a request to have my professional name used as my primary identity at Smith College. I understand that a professional name is different from my legal name and 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 or preferred names.

SMITH COLLEGE EMPLOYEE ID: _____

☐ Faculty

☐ Staff

LEGAL NAME: _____

(as shown on your SSN Card)

(First)

(Middle)

(Last)

(Suffix)

PROFESSIONAL NAME: _____

(First)

(Middle)

(Last)

DEPARTMENT: _____

CAMPUS ADDRESS: _____

CAMPUS PHONE: _____

ACKNOWLEDGEMENT & AUTHORIZATION

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

Office of Human Resource Authorization

Date

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