

# Name Change Request

This form is applicable to employees and applicants who are applying for or granted an access authorization (clearance).

SNL Site: (select one from drop down menu)

Employment Status:  On-Roll  On Leave/Off-Roll

Employment Type:  Employee  Staff Aug Contractor  Consultant  Contractor

Social Security No.: \_\_\_\_\_ SNL ID: \_\_\_\_\_

Assigned Org No: \_\_\_\_\_

Previous Name: \_\_\_\_\_  
Last Name First Name Middle Name (No Initial)

New Name: \_\_\_\_\_  
Last Name First Name Middle Name (No Initial)

Reason for Change:  Marriage  Divorce  Legal Name Change

Other: \_\_\_\_\_

**NOTE: You must provide documentation supporting the requested name change with this form (i.e., marriage certificate, court order, social security card, driver's license, etc.).**

Please provide a valid e-mail address for notification purposes  
e-mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOE File No. (To be filled in by Clearance Office): \_\_\_\_\_

**NOTE: If you have not completed the Data Report on Spouse/Cohabitant, [DOE F 5631.34](#) prior to marriage, please complete and submit with this form.**

## Distribution:

### New Mexico/TTR/Kauai

- Employees, Staff Aug., Consultants, & Contractors –
  - Original signature copy to Clearances Office, MS-1475
- Employees/Staff Augmentation Contractors –
  - Copy to HR Input Coordinator, MS-1039
  - Copy to Benefits Office, MS-1463
  - Copy to Medical, MS-1015

### California

- Original to Clearance Processing, MS-9113
- Copy to HR Rep, MS-9111
- Copy to Health and Benefits CA/HBE MS-9112