



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-