

RSF-53-3**UNM RADIATION SAFETY DIVISION**
Name Change Request Form*Please Print*

Department _____ Location # _____ Name Change Date: _____

Please list the individual(s) requesting a name change below:

Last Name, First Name

New Name

Badge Number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of person requesting name change:

Signature _____ Date _____

Send the completed form to:

**University of New Mexico
Radiation Safety Division
Attn: Dosimetry Program
MSC08 4560****RSO USE ONLY****Date Stamp**☐ **Vendor Change:** _____☐ **NameList** _____☐ **Change name on file**