

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**
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