

INSTRUCTIONS & INFORMATION

The purpose of this form is to report a name change related to marriage, divorce, or legal name change.

This form will be used to:

- Update your clearance file with DOE (if applicable)
- Issue you a new badge,
- Update your Sandia Human Resources, Benefits and Health Services records

INDIVIDUAL DOE REPORTING REQUIREMENTS (Personnel Security)

Name Change Uncleared personnel may report a legal name change at any time. Clearance holders and personnel in process for a security clearance must report a legal name change immediately or as soon as possible, but no later than two (2) working days after the change has been acknowledged by supporting documentation (see below). Reporting is documented via SF-2730-NCB, *Name Change Request*, form. Questions to the Clearance Office at (505) 845-9355.

Marry/Cohabitate with a person in a spouse-like relationship (required for all name changes as a result of marriage if not previously reported) This individual reporting requirement is applicable to clearance holders and individuals in process for a security clearance who marry or cohabitate with a person in a spouse like relationship. This information must be reported immediately or as soon as possible, but no later than two (2) working days after the event/circumstance. Reporting is documented via DOE F 5631.34 *Data Report on Spouse/Cohabitant* form. Questions to the Clearance Office at (505) 845-9355.

Review the DOE and Sandia Reporting Requirements of Security Interest guide for a complete listing of reporting requirements.

SUPPORTING DOCUMENTATION

A copy of the document supporting your name change must be provided in order to process your request. You may provide a copy of one of the following documents to support the requested name change: marriage certificate, court order, new social security card, or new driver's license.

BADGING INFORMATION

Once the name change has been processed and a new badge/credential is ready for issue, the Clearance Office will contact you with further instructions. For uncleared personnel, notification should be received within five days of receipt of the SF2730-NCB, *Name Change Request* form. For cleared personnel or those pending a DOE clearance, the estimated time of arrival is dependent on when we receive notification from DOE, which may be several weeks.

FORM SUBMITTAL

Employee

Submit form with a copy of supporting documentation to the following departments:

- 1) Personnel Security Clearance Office
E-mail: clearance-nm@sandia.gov;
Fax: (505) 844-9739 or Internal Mail: MS-1475
- 2) Human Resources Records, MS-1497 (all sites); Human Resources, MS-9904 (SNL/CA)
- 3) Employee Health Services, MS-1015 (SNL/NM and remote sites); MS-9112 (SNL/CA)

Staff Augmentation Contractor

Submit form with a copy of supporting documentation to the following departments:

- 1) Personnel Security Clearance Office
E-mail: clearance-nm@sandia.gov;
Fax: (505) 844-9739 or Internal Mail: MS-1475
- 2) Staff Augmentation Coordinator, MS-1478

Purchase Order Contractor or Consultant (Fee & No Fee)

Submit form with a copy of supporting documentation to:

- 1) Personnel Security Clearance Office
E-mail: clearance-nm@sandia.gov;
Fax: (505) 844-9739 or Internal Mail: MS-1475

ADDITIONAL INFORMATION

Employees and Staff Augmentation Contractors

Review the [Human Resources Name Change Process](#) to change the following:

- User ID
- E-mail account name
- Name in the voicemail system

Purchase Order Contractors, Consultants and Visitors

Call the Corporate Computing Helpdesk (505) 845-2243 to change the following:

- Name in Enterprise Person
- Contact Information

Additional Guidance: [Computing Self Help Name Change Process](#)



NAME CHANGE REQUEST FORM

READ INSTRUCTIONS ON PREVIOUS PAGE PRIOR TO COMPLETING THIS FORM

GENERAL INFORMATION			
Sandia Work Site:	Employment Status:	Employment Type:	Assigned Org. Number:
SNL ID:	Social Security Number:	Email Address: <small>Once the badge is ready a notification will be sent to the email address listed below.</small>	
SANDIA BADGE			
Badge Type:			
NAME			
Provide complete full names below. Include (I.O.) after if name is initial only.			
Previous Full Name:			
Last	First	Middle	
New Full Name:			
Last	First	Middle	
Reason for name change:	If other, provide detailed explanation for name change:		
SUPPORTING DOCUMENTATION			
A copy of the document supporting your name change must be provided in order to process your request. From the dropdown menu below, select the documentation type you are attaching to this request to support your name change request.			

_____ Signature (New Legal Name)

_____ Date

-----FOR PERSONNEL SECURITY USE ONLY-----

DOE Security File Number:	Replacement Badge Order Date:
Date Received:	