College of Charleston
Name/Address Change Form

Special Instructions:

- Form may be completed on-line (position cursor or tab to each field) or printed and completed in **black ink**.
- Address Change must have signature and may be mailed or returned to The Office of Human Resources.
- Name change requires presentation of **new** social security card at The Office of Human Resources.

If name change is due to marriage/divorce a newly completely W-4 should be submitted.
*****You may also want to update your emergency contact information in Self Service*****

TYPE OF CHANGE:
_____Name _____Address _____Both

COLLEGE OF CHARLESTON
Department _____ Effective Date

1. SOCIAL SECURITY #___ ___ ___-- ___ ___--___ ___ ___ ____

2. NAME _____ _____ _____
First Middle Initial Last

3. STREET _____ APARTMENT # _____

4. CITY _____STATE _____ ZIP CODE _____ COUNTY _____

5. HOME PHONE (__ __ __) __ __ __-__ __ __ __ WORK PHONE (__ __ __) __ __ __-__ __ __ __

6. PREVIOUS NAME (if applicable)
_____ _____ _____
First Middle Initial Last

7. PREVIOUS ADDRESS (if applicable)

_____ _____
Street Apartment #

_____ _____ _____
City State Zip Code

_____ _____
ENROLLEE'S SIGNATURE DATE

_____ _____
BENEFITS ADMINISTRATOR'S SIGNATURE (if applicable) DATE

For Human Resources Use Only

Distribution: _____EIP _____SCRS ____Def Comp

Revised 9/09