



## Change of Information Request

Requirements for processing a name or address change:

- **\*\*NAME CHANGE** – must attach a copy of your Social Security Card reflecting new name\*\*
- **\*\*MUST HAVE SIGNATURE TO BE PROCESSED\*\***
- *Please return the completed form to the Personnel team in the Human Resource office.*

Campus: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Name (as shown on current District records): \_\_\_\_\_

NEW Name: \_\_\_\_\_

NEW Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

NEW Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Change Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*This information will remain as requested for the entire length of employment unless the employee submits an official Change of Information Request.

<b>For Human Resources Only:</b>	<input type="checkbox"/> Technology	
<input type="checkbox"/> Demographics Entered	<input type="checkbox"/> Copy of Change form to Benefits	<input type="checkbox"/> Copy of Change form to Payroll
Signature: _____	Date _____/_____/_____	