

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:	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Both
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_____ Effective Date

1. SOCIAL SECURITY # _____ -- _____ -- _____

2. COLLEGE OF CHARLESTON ID (CWID) _____

2. NAME _____

First Middle Initial Last

3. STREET _____ APARTMENT # _____

4. CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

5. HOME PHONE (_____) _____ - _____

6. WORK PHONE (_____) _____ - _____

7. PREVIOUS NAME (if applicable)

First Middle Initial Last

8. 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: <input type="checkbox"/> EIP <input type="checkbox"/> SCRS <input type="checkbox"/> Def Comp