



# NAME AND ADDRESS CHANGE FORM

**CHECK ALL APPLICABLE:**

\_\_\_\_\_ Name Change

\_\_\_\_\_ Address Change

Effective Date: \_\_\_\_\_

**\*Legal Name Change requires presentation of NEW Social Security Card, in person at the Office of Human Resources\***

**\*Address change must have signature, and may be mailed to Office of Human Resources.\***

\_\_\_\_\_ College of Charleston ID (CWID)

\_\_\_\_\_ Department

\_\_\_\_\_ Work Phone

**NEW NAME/ADDRESS:**

\_\_\_\_\_ First Name (Legal)

\_\_\_\_\_ Middle Name/Initial

\_\_\_\_\_ Last Name (Legal)

\_\_\_\_\_ First Name (Preferred)

\_\_\_\_\_ Middle Name/Initial

\_\_\_\_\_ Professional Last Name (Non-Students)

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

\_\_\_\_\_ Home Phone

**CURRENT NAME/ADDRESS:**

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

\_\_\_\_\_ Last Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP Code

**SIGNATURES:**

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Benefits Administrator's Signature (If Applicable)

\_\_\_\_\_ Date

**FOR HR USE ONLY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_ EIP \_\_\_ SCRS \_\_\_ Def Comp \_\_\_\_\_ BANNER Entry**