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.

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 _____
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