

NAME/ADDRESS/PHONE CHANGE FORM

EMPLOYEE PROFILE

Employee Name: _____ Employee ID: _____
Date: _____ Employee SSN: _____

ADDRESS CHANGE

Address Change: Old Address: _____ City, State, Zip: _____
New Address: _____ City, State, Zip: _____
Phone Number Old Number: _____ New Number: _____

NAME CHANGE

Your name as it is currently listed on your employee record:

Your name as it should appear:

Prefix	_____	Prefix	_____
First name:	_____	First name:	_____
Middle	_____	Middle	_____
	_____	Last name	_____
Suffix	_____	Suffix	_____

Reason for Change: Divorce Marriage Other

Required Documents: Completed form, social security card, and related document (i.e. marriage certificate, divorce decree, or court order).

I understand that I cannot change my legal name as it appears on my birth certificate and/or with the Social Security Administration without the supporting legal documents. I assume responsibility for any consequences or problems that may occur due to this change of my name. It is not my intent to defraud the Tennessee Board of Regents and/or Tennessee Colleges of Applied Technology.

Employee Signature: _____ Date: _____

Office Processing Change: _____ By: _____ Date: _____