



# Personnel Information Change Request

Name: \_\_\_\_\_ Banner #: \_\_\_\_\_

## Name Change

*A social security card showing your new legal name must be presented in person before the name change can occur.*

Previous Name: \_\_\_\_\_  
(first) (middle) (last)

New Name: \_\_\_\_\_  
(first) (middle) (last)

Reason for Change:  Marriage  Legal Change  Correction  Other: \_\_\_\_\_

## Address Change

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Social Security Number Correction

*A copy of your social security card is required.*

Number on File: \_\_\_\_\_

Correct Number: \_\_\_\_\_

By signing this form, I certify that the information provided above is true and accurate to the best of my knowledge.	
_____ <b>Employee Signature</b>	_____ <b>Date</b>
_____ <b>Human Resources Official Signature</b>	_____ <b>Date</b>

**Please submit this completed form to the Office of Human Resources:**

**Email:** [hrsearch@uncw.edu](mailto:hrsearch@uncw.edu) **Fax:** (910) 962-3840 **Campus Mail:** Box 5960 **Location:** Friday Annex 141

**Questions?** Please contact the Office of Human Resources at (910) 962-3160.