

# SOUTHWEST

## TENNESSEE COMMUNITY COLLEGE

### Employee Change of Record Form

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You may submit this document in person, by email, or FAX (901-333-5118). Submit your completed form, along with the supporting documents for name change, to the Human Resources department. Email: [myhr@southwest.tn.edu](mailto:myhr@southwest.tn.edu)

Employee Name: \_\_\_\_\_ Employee Banner ID: \_\_\_\_\_

#### CHANGE OF NAME

You must present your new social security card with the new name and provide supporting documentation such as: a copy of the marriage certificate, final divorce decree, order of separation, and/or judge signed annulment order.

Name From: \_\_\_\_\_ Name To: \_\_\_\_\_

Reason for name change: \_\_\_\_\_ If other, please explain: \_\_\_\_\_

Date of Divorce/Legal Separation /Annulment/Other: \_\_\_\_\_ (Requires cancellation of benefits coverage)

As this may impact benefits, refer to Partners for Health Insurance Cancel or Enrollment Forms [located here](#).

#### CHANGE OF ADDRESS / TELEPHONE

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Street Address Street Address

\_\_\_\_\_  
City State City State

\_\_\_\_\_  
ZIP Phone Number ZIP Phone Number

#### PLEASE SIGN BELOW

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office of Human Resources:

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Banner

Edison ID #: \_\_\_\_\_