

SOUTHWEST

TENNESSEE COMMUNITY COLLEGE

Employee Change of Record Form

You may submit this document in person, by FAX, or by mail. Submit your completed form and supporting materials, if applicable, to the Human Resources Department.

Employee name: _____ Employee Banner ID: _____

CHANGE OF NAME

Supporting documentation must be submitted with this request for a name change. Acceptable documents include social security card with the new name.

From: _____ To: _____

CHANGE OF ADDRESS/TELEPHONE

From: _____ To: _____
Street Address Street Address
City State ZIP City State ZIP
(Area Code) Phone Number (Area Code) Phone Number

PLEASE SIGN BELOW

Employee's Signature: _____ Date: _____

Office of Human Resources

Processed by: _____ Date: _____

- Banner
- Edison _____