Coconino Community College

*** **Please Print** ***

Utilize this form to notify the Human Resource Department about changes to your mailing address, your phone number, or your name. This form will be used to update your records in BANNER and in the Faculty/Staff Directory. You will need to notify the benefit carrier(s) of these changes, **by** completing a change forms/applications. NOTE: Request for change forms/applications are available at the Human Resource Department.

Name:_____ SS#_____
LAST FIRST MI

REQUEST FOR: ☐ NAME CHANGE ☐ CHANGE OF ADDRESS/PHONE

**New Name_____
LAST FIRST MI

New Address _____

_____
CITY STATE ZIP

New Phone: _____ ☐ Home ☐ Work ☐ Message

Effective Date Of Change:_____

Employee Signature:_____

****Copy of the Legal Document must be presented as proof for a Name Change.****

OFFICE USE ONLY

Type of Legal Document:
_____

WITNESS:_____