SEMINOLE STATE COLLEGE
Human Resources

Change of Name

DATE:__________________________

ALL EMPLOYEES: Please complete this form and bring it and your new social security card to Human Resources. The Human Resources Office is located in the L-Building (Room L-209) on the Sanford Lake Mary Campus. The I-9 form will also need to be updated with your new name.

Employee ID:__________________________ Social Security Number:__________________________

Previous Name:__________________________________________________________________________

New Name:______________________________________________________________________________
(as it appears on your social security card)

Signature:__________________________ Print Name:______________________________

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FOR HUMAN RESOURCES USE ONLY*******************************************************************************

I-9 Form updated: ________/_______ Personnel file updated: ________/_______
Initials Date Initials Date

Entered into system: ________/_______ Copy to Benefits: ________/_______
Initials Date Initials Date

I:\HR Action\Forms\Records\Change of Name Form.doc
Rev. 03-03-08, 12/04/09; 5/8/12