SOUTHWEST
TENNESSEE COMMUNITY COLLEGE

Employee Change of Record Form

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

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: Please Select a Reason 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 #: _____

Southwest Tennessee Community College, a Tennessee Board of Regents institution, is an affirmative action/equal opportunity college. 0800054 REV 042022