

RIVERSIDE COMMUNITY COLLEGE DISTRICT

Name/Address Change Form
for
District and Student Employees

Riv [] MV [] Nor [] Dist []

Legal Name: (Please list name exactly as it appears on your Social Security Card)

Former Name: (This is only necessary if you are making a name change)

Name Change []
Address Change []
(Check one or both if applicable)

Preferred Name: Social Security Number: XXX-XX- (Last 4 digits)

New Address: (Street)

(City) (State) (Zip)

Telephone: (Home) (Work)

What Department do you work in?

Do you wish for this information to be released to your department/office? [] Yes [] No

Information to be confidential: [] Yes [] No

Check all that apply to you as an employee:
Full-Time Faculty/Counselor/Librarian []
Management/Supervisor []
Classified/Confidential []
Child Development []
Short-Term/Substitute []
Part-Time Faculty/Counselor/Librarian []
Member of the RCC Foundation []
Student Employment []

PROCEDURES
District Employees - Original Name/Address Change Form must be submitted to the Diversity & Human Resources Office along with a new Social Security Card showing new name (SS Card for name changes only).
Student Employees - Original Name/Address Change Form must be submitted to the Student Employment Office along with a new Social Security Card showing new name (SS Card for name changes only).

Signature: _____

Date: _____

For Diversity & Human Resources/Admissions & Records Use Only
Changes entered on: _____ Completed by: _____
Date Name
Distribution: _____ Department/Student Employment
_____ Diversity & Human Resources (District Employees Only)
_____ Admissions & Records (Student Employees Only)
_____ Payroll
_____ Benefits Specialist
_____ Purchasing Manager

