

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

