



# COAHOMA COMMUNITY COLLEGE HUMAN RESOURCES/PAYROLL

## CORRECT - CHANGE PERSONAL DATA



### NAME CHANGE

#### Current Information

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

#### New Information (Must Present Documentation - Photo ID, SSN, or Birth Certificate)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Please make this change for: \_\_\_\_\_ HR/Payroll \_\_\_\_\_ Benefits (BCBS only) \_\_\_\_\_ Both

### ADDRESS CHANGE

#### Old Address

Street \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### New Address

Street \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please make this change for: \_\_\_\_\_ HR/Payroll \_\_\_\_\_ Benefits (BCBS only) \_\_\_\_\_ Both

### Contact Information

Name	Address	Telephone
		___ Primary/___ Cellular
		___ Primary/___ Cellular
		___ Primary/___ Cellular

I \_\_\_\_\_, hereby authorize Coahoma Community College to make the  
*Employee Signature*  
 change(s) noted above. The change(s) will be effective \_\_\_\_\_.  
*Date*