

## CHANGE OF NAME, ADDRESS AND/OR TELEPHONE NUMBER

For Name Changes please attach a valid form of identification (social security card, driver's license, etc.) reflecting current name. SWCC employees must submit name changes to the Human Resources Office.

Please print the following information:

**OLD INFORMATION:** (as shown on student record)

Name: \_\_\_\_\_  
Last Name
First Name
Middle

Emplid or SSN: \_\_\_\_\_

**NEW INFORMATION:**

Name: \_\_\_\_\_  
Last Name
First Name
Middle

Mailing Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

How long have you lived in Virginia? \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Admissions Office Use Only

Processed By	
Date	
Scanned	