



Personnel Information Change Request

Name: _____ Banner #: 850 _____

Name Change

A social security card showing your new legal name must be presented in person before the name change can occur.

Previous Name: _____
(first) (middle) (last)

New Name: _____
(first) (middle) (last)

Reason for Change: Marriage Legal Change Correction Other: _____

Do you plan to request a change to your UNCW email address to reflect your name change? Yes* No

**If yes, please submit a Name Change for your UNCW Account ticket through TAC's online Service Catalog
(<https://uncw.teamdynamix.com/TDClient/Requests/ServiceDet?ID=14492>)*

Address Change

New Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Social Security Number Correction

A copy of your social security card is required to be presented in person.

Number on File: _____

Correct Number: _____

By signing this form, I certify that the information provided above is true and accurate to the best of my knowledge.	
_____ Employee Signature	_____ Date
_____ Human Resources Official Signature	_____ Date

Please submit this completed form to the Office of Human Resources:

Fax: (910) 962-3840

Campus Mail: Box 5960

Location: Administrative Annex 1045

Questions? Please contact the Office of Human Resources at (910) 962-3160.