Substitute Change of Address and/or Name Form

Human Resources Division
Attention: STEMS Technician
Fax: (704) 289-3103

SSN: _____

Name: _____
LAST FIRST MI

Prior Name (if changing name): _____
LAST FIRST MI

New Address: _____

_____

Telephone: ( ) _____

Please bring the following item(s) with you for a name change:

1. Driver's License and Social Security Card with your new name.

2. If your Driver's License is **not** in your new name, bring your Driver's License along with your most applicable Marriage Certificate.

Copies of your completed form will be forwarded to Human Resources, Bookkeeping, and Payroll.