



Name Change Notification

Form Checklist:

1. You will need to submit a new W4 with this form and submit it to HR: Records Department.
2. Inform Benefits of your name change at 223-7617.
3. Be sure that your social security card reflects the name change.

Current name and SSN:

Last name: _____ First name: _____ MI: _____

SSN: _____

New Name: (must match Social Security Card)

Last name: _____ First name: _____ MI: _____

By signing this, you are confirming that your Social Security Card reflects your new name.

Employee Signature

Date

ACC Campus

Phone