

RIVERSIDE COMMUNITY COLLEGE DISTRICT  
Name/Address Change Form  
For District and Student Employees

(Please check one or both if applicable. Please print legibly!)

Name Change

Address Change

Legal Name: \_\_\_\_\_  
(Please list name exactly as it appears on your Social Security Card)

Former Name: \_\_\_\_\_  
(This is only necessary if you are making a name change)

Preferred Name: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_  
(Last 4 digits)

New Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Home) (Work)

What Department do you work in? \_\_\_\_\_

Do you wish for this information to be released to your department/office?  Yes  No

Information to be confidential:  Yes  No

**PROCEDURES FOR NAME CHANGES**

\*All **District employees** requesting a name change must submit a new social security card showing their new name and fill out a new W-4 form in Diversity & Human Resources before a change can be processed.

Student Employees must submit a new social security card and W-4 form in the Student Employment office.

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| <p><b>Check <u>all</u> that apply to you as an employee:</b></p> <p>Full-Time Faculty/Counselor/Librarian <input type="checkbox"/></p> <p>Management/Supervisor <input type="checkbox"/></p> <p>Classified/Confidential Employee <input type="checkbox"/></p> <p>Child Development <input type="checkbox"/></p> <p>Temporary Hourly/Substitute <input type="checkbox"/></p> <p>Part-Time Faculty/Counselor/Librarian <input type="checkbox"/></p> <p>Member of the RCC Foundation <input type="checkbox"/></p> <p>Student Employment <input type="checkbox"/></p> | <p><b>EMPLOYEE NOTICE:</b></p> <p><b>District Employees</b> please submit all changes to the Diversity &amp; Human Resources office.</p> <p>If you are only <b>Student Employment</b>, please submit changes to Admissions and Records.</p> <p>District employee <u>address changes only</u> may be phoned in at (951) 222-8588 or sent via email to the Diversity &amp; Human Resources office.</p> |
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Diversity & Human Resources/Admissions & Records Use Only:**

Changes entered on : \_\_\_\_\_ Completed by: \_\_\_\_\_  
Date Name

Distribution: Department/Student Employment  
Diversity & Human Resources (District Employees Only)  
Payroll  
Insurance Technician

07/07