



SOLANO COMMUNITY COLLEGE DISTRICT LEGAL NAME CHANGE

Former Name: _____

New Name: _____

Date of Change: _____ ID or SSN# _____ Birthdate: _____

Address: _____

City: _____ Zip Code: _____ Phone: (____) ____ - ____

Signature

Subscribed and sworn to before me at Solano Community College District this:

_____ Day of _____, 20__

Solano Community College Official

Title

Return completed form and legal marriage certificate and/or court order to Human Resources

Instructions

1. Complete new withholding forms.
2. Complete a change of beneficiary form for your respective retirement system if a member.
3. Update dependent coverage on dental and medical plans by completing the appropriate forms.
4. Return all documents to Human Resources.

Distribution of Documents by Human Resources

1. Original name change to be filed in employee's personnel file.
2. A copy of name change, withholding forms, and health and welfare dependent update forms to be submitted to Fiscal Services.
3. Official name change notification to respective STRS/PERS retirement system.
4. Copy to Curriculum Office.

Distribution: Personnel file; Fiscal Services; STRS/PERS; Curriculum Ofc.

Changed: ___Kardex ___HRIS