



NORCO
COLLEGE

STUDENT EMPLOYMENT NAME/ADDRESS CHANGE FORM

COMPLETE SECTION 1.

Full Name: _____

Student ID: _____ Social Security Number: XXX-XX-_____

Phone number: _____ Department: _____

SELECT ALL YOU WISH TO UPDATE AND COMPLETE SECTION 2.

☐ **Address Change-**

New Address: _____
(STREET)

(CITY) (STATE) (ZIP)

☐ **Name Change-**

Legal Name: _____
(PLEASE LIST NAME EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

Former Name: _____

Preferred Name: _____

Note: For legal name changes, students must present their new social security card to the Student Employment Office. If you are updating a preferred name, please understand that official documents must list the legal name matching the social security card.

Do you wish for this information to be released to your department? ☐ YES ☐ NO

Is this information to be kept confidential? ☐ YES ☐ NO

Signature: _____ Date: _____

OFFICE USE ONLY: EMPLOYEE ID: _____ GALAXY UPDATED: _____ COMPLETED: _____