



Email form to: humanresources@lenoircc.edu

PERSONNEL INFORMATION CHANGE REQUEST

Name _____ Date _____

Employee Id #: _____

NAME CHANGE

Previous Name: _____

New Name: _____

Reason for Change

Marriage ☐

Legal Change ☐

Correction ☐

SOCIAL SECURITY NUMBER CORRECTION

Number on File: _____

Correct Number: _____

ADDRESS/PHONE NUMBER CHANGE

Previous Address: _____

New Address: _____

Phone Number: _____

UPDATE EDUCATIONAL LEVEL

Degree Obtained: _____

Date Degree Earned: _____

Institution: _____

(Please send official transcripts to Human Resources)

Employee Signature: _____ Date: _____