

Master Record Change Form

Name Change or Marital Status Change Request

A Social Security card is required to change employee names.

Current Last Name (Please print)	First Name	Middle Name	CWID or Social Security Number	
Change Name To: Last		First	Middle	
Request Employee GroupWise email ad	ddress change using ne	w name: 🗌 Yes 🗌	No	
Marital Status Change: Married	Single Effective D	Date:		
Signature		Date		
Submit this form to the H	luman Resources Offic	e at the Collin Higher Edu	cation Center (CHEC)	
NOTE to employees: This form will up information with the CougarAlert syste CougarAlert changes can be made via (m, ORP/TSA vendors, c	or with Met Life. Please co	ontact these groups directly.	
	FOR OFFICE	USE ONLY		
Update ERS:		Verify NC on Social Security Card:		
Email NC to HelpDesk :				
Processed by:		Date	2:	