

RANDOLPH COMMUNITY COLLEGE ADDRESS/NAME CHANGE FORM

CURRENT/FORMER INFORMATION:

Full Name:			
- A 11	(First, Middle, Last)		
Address:	(Street, City, State, Zip Coo	de)	
Phone:	(Home)		
	(Home)	(Cell)	(Other)
NEW INFO	<u>PRMATION</u> :		
Full Name:			
A didmona.	(First, Middle, Last)		
Address:	(Street, City, State, Zip Coo	de)	
Phone:	(Home)		
	(Home)	(Cell)	(Other)
Would you l	ike a <i>new</i> Outlook e	mail account to reflect new name?	□ Yes □ No
other function	ons may need to be c	om an old account into a new acco changed as well. Signature require	ed.)
Employee:			Date:
*****		**************************************	
Name, addr	ess, and phone num	nber changes require the following	ng notifications:
Colleague		Flex	
Health		401K	
Dental		Payroll(Al	
Vision		Colonial Life	(Online)
NT 1		e n	
	ge only require the i	following notifications:	leating Com Dulalie In Comme
Marketing		_ (email Assistant Director of Mark	
Switchboard	witchboard (email Switchboard Receptionist/Office Assistant) 'P Admin Services (email Assistant to the VP for Administrative Services)		
Computer Services (email Director of Informat Distance Education (email Director of Distance		_ :	,
Distance Edu	ucation	_ (email Director of Distance Educ	eation)
		_ `	