

**Delgado Community College
Change of Address/Name Form**

Employee: _____

Employee ID #: _____ **Date:** _____

**New Home
Address:**

**New Mailing
Address:**

(If different from
Home Address)

New Telephone Number: _____

New Name: _____

***** A COPY OF A SOCIAL SECURITY CARD WITH THE NEW NAME IS REQUIRED
FOR A CHANGE OF NAME.**

Please Read

**THIS FORM CHANGES AN EMPLOYEE'S ADDRESS AND NAME INTERNALLY ONLY. IT IS THE
EMPLOYEE'S RESPONSIBILITY TO CHANGE HIS/HER ADDRESS AND/OR NAME WITH THEIR
MEDICAL INSURANCE, RETIREMENT, OPTIONAL RETIREMENT PLAN, ETC. *****

Please select a link below for the other forms

**LASERS Change of Address Form, OGB Enrollment/Change Form,
TRSL Enrollment Application/Notification Form, TRSL Name Change Request Form**

Return to: **Human Resources Department**
O'Keefe Admin Bldg 37, Pod A
Phone: 504-762-3003

HRD 12/2010
DCC 2030/001