

MOLLOY COLLEGE
Office of Human Resources

NAME CHANGE FORM

PLEASE PRINT

EMPLOYEE'S ORIGINAL NAME: _____

SOCIAL SECURITY #: _____

NEW NAME: _____

DOCUMENTATION PRESENTED:

A copy of your new Social Security Card or Marriage/Divorce Certificate must be presented to Human Resources in order to complete this change.

Employee Signature

Date

This form will also update your academic records if applicable

RETURN THIS FORM TO HUMAN RESOURCES

FOR HUMAN RESOURCES USE ONLY

- Registrar fax 516-323-4315
- BC/BS: Policy # 126465 or 126465X
- Emblem Health
- Guardian Dental: ATT: GGF: 1-610-807-2994
- Health Plex Dental: Group # G224706, Fax. # 516-794-3186
- TIAA/CREF: Fax # 1-800-914-8922
- Aflac, Cancer Policy, Att: Policy Holders Svc., Fax # 1-800-448-8922
- URM: Fax # 1-706-660-7751
- IT Department, Molloy College: ATT: Jean Glaser, 1-516-256-2241
- Payroll
- Advancement –Madeline McDonagh