**BSS Personal Information Change**

**Fax Cover Sheet**

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| --- | --- |
| **Date:** |  |
| **Destination FAX No:** | (919) 855-6861 |
| **No of Pages (Including Cover):** |  |
| **Sender/Admin Name:** |  |
| **Sender/Admin Personnel No:** |  |
| **Sender/Admin Email Address:** |  |
| **Sender/Admin Phone No:** |  |

**Name Change:** Copy of Social Security Card

**DOB Correction:** Copy of Driver’s License or Birth Certificate

**Social Security No. Correction:** Copy of Social Security Card

**Note:** Handwrite or type SSN or DOB on copy of documentation in case the fax is not completely legible.

**Required Information for Name Change Ticket:**

|  |  |
| --- | --- |
| **Employee Personnel No:** |  |
| **Old Name of Employee:** |  |
| **New First Name:** |  |
| **New Middle Name:** |  |
| **New Last Name:** |  |
| **Reason for Name Change:** |  |
| **Marital Status:** |  |
| **BSS SSN Mismatch Report:** | Yes  No |
| **Additional Comments:** |  |