**BSS Personal Information Change**

**Fax Cover Sheet**

|  |  |
| --- | --- |
| **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, Birth Certificate, or Passport

**​​☐​ 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:** |  |