



Official Records Update Form

Name and Social Security Number

IMPORTANT: Any change MUST be accompanied with:
- a copy of your new social security card
and
- a newly completed [W-4 form](#)

Department Name: _____ Effective Date: _____

Work Phone _____

NEW NAME	_____	_____	_____
	First	Middle	Last
SSN	_____ - _____ - _____	(leave blank if no change)	

PREVIOUS NAME	_____	_____	_____
	First	Middle	Last
SSN	_____ - _____ - _____	(enter current SSN if no change)	

Signature

Date

If you need to change your address or other personal records, go to [MyRecords](http://www.musc.edu/hrm/myrecords.htm).
(<http://www.musc.edu/hrm/myrecords.htm>)

Forward complete document via campus mail to:
Medical Center Employees
M/C Authority - Human Resources
Clinical Science Bldg., Room 109
P.O. Box 250602

University Employees
Univ. Human Resources
H.O.T. - Room 105
P.O. Box 250800

Human Resources Use Only:	
<input type="checkbox"/> State Retirement System P.O. Box 11960 Columbia, S.C. 29211-1960	<input type="checkbox"/> Human Resources Office
<input type="checkbox"/> Office of Insurance Services P.O. Box 11661 Columbia, S.C. 29211	<input type="checkbox"/> Benefits Office
<input type="checkbox"/> Deferred Compensation c/o Citi Street PO Box 9182 Boston, MA 02209	<input type="checkbox"/> Payroll Office