



Department of Human Resources – Alexandria Campus
4311 S. MacArthur Drive
Alexandria, LA 71302
Phone: 318-487-5443 ext. 1154 or 1134

EMPLOYEE NAME AND/OR ADDRESS CHANGE

LOLA ID: _____ **DATE:** _____

NAME: _____

NAME CHANGE TO: _____

Note: To process a name change, the Human Resources department requires originals of the following: Marriage License or Divorce decree and a Social Security Card. Required copies will be made and originals will be returned to the employee.

OLD ADDRESS: _____

NEW ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL:** _____

I authorize CLTCC to update and correct my name and address.

SIGNATURE: _____ **DATE:** _____