



Office of State Human Resources

ROY COOPER
Governor

BARBARA GIBSON
Director, State Human Resources

TEMPORARY SOLUTIONS Address and/or Name Change Form

Address Change ONLY

Name _____

Beacon Number _____

New Address _____ Street Address

_____ City, State

_____ Zip Code

Telephone Number _____ - _____ - _____

Signature _____ Date _____

* If you have set up your NCID account, you can change your address in BEACON. Please submit this form to our office as well so we can update our internal system.

Name Change ONLY

NOTE: When correcting or changing name, please provide *temporary solutions* a copy of your Driver's License and your Social Security Card with your correction. Write name "exactly" as shown on Social Security Card.

Last four digits of Social Security Number _____

Beacon Number _____

Previous Name _____

New Name _____

Marital Status ___ Single ___ Married ___ Widow ___ Divorced ___ Separated ___

Signature _____ Date _____

<p>For internal use:</p> <p><input type="checkbox"/> Changed in Temp Wizard <input type="checkbox"/> Changed in BEACON</p>
--