



GREENVILLE COUNTY  
**SCHOOLS**  
Where enlightening strikes

# Universal Name Change Form

**Copy of Social Security Card with new name is required for name change**

PRINT OR TYPE - USE BLACK INK

1. SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. NAME \_\_\_\_\_  
First Middle Initial Last

3. PREVIOUS NAME (if applicable) **Copy of Social Security card with new name is required for name change**

\_\_\_\_\_  
First Middle Initial Last

_____ EMPLOYEE'S SIGNATURE	_____ DATE
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**SEND TO:**

Greenville County Schools  
Human Resources Processing Center  
PO Box 2848 – 301 Camperdown Way  
Greenville SC 29602-2848  
Email: [HRProcessingCenter@greenville.k12.sc.us](mailto:HRProcessingCenter@greenville.k12.sc.us)

**This form is for Greenville County Schools ONLY**

**You must also contact the following agencies (if applicable):**

**Retirement Plans (SC Retirement Systems)**

**ORP – contact your plan administrator**

Mail completed form to:  
South Carolina Retirement Systems  
PO Box 11960  
Columbia SC 29211-1960

**Employee Insurance Program:**

Mail completed form to:  
Employee Insurance Program  
Attention: Operations  
SC Budget and Control Board  
PO Box 11661  
Columbia SC 29211

or online at: [www.eip.sc.gov](http://www.eip.sc.gov)