



STATE OF NORTH CAROLINA  
Office of the State Controller

## BEST SHARED SERVICES

# PERSONAL INFORMATION/IDENTITY CORRECTION FAX COVER SHEET    FAX To: (919) 855-6861

### Required Information for Tickets

Date: \_\_\_\_\_ # of Pages (Including Cover): \_\_\_\_\_

Agency HR Contact Name/Personnel #: \_\_\_\_\_

Agency HR Contact Email Address: \_\_\_\_\_

- Name Change:** Copy of Social Security Card Required
- DOB Correction:** Copy of Driver's License or Birth Certificate Required
- Social Security No. Correction:** Copy of Social Security Card Required
- Orbit Error ("SSN matches but DOB does not..."):** Copy of Driver's License required.

**Note:** For all identity corrections, please ensure the date of birth and/or SSN are clearly visible on the attached documentation in case the fax transmission is not fully legible.

Employee Personnel No: \_\_\_\_\_ BSS SSN Mismatch Report: \_\_\_\_ Yes \_\_\_\_ No

Full SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

### Required Information for Name Change Tickets

Old Name of Employee: \_\_\_\_\_

New First Name: \_\_\_\_\_

New Middle Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Comments/Reason for Name Change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_