

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:

