



# Name / Address Change

## Address Change

The address where you want all information from Human Resources and Payroll to be sent:

Name: \_\_\_\_\_ State Employee ID#: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_



## Name Change (new social security card must be provided)

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

Former Name: \_\_\_\_\_

SSN: \_\_\_\_\_



Check one status:

\_\_\_\_\_ Admin/Prof                  \_\_\_\_\_ Adjunct                  \_\_\_\_\_ Classified

\_\_\_\_\_ Faculty                          \_\_\_\_\_ Hourly                          \_\_\_\_\_ Student

Do you have Direct Deposit?                  \_\_\_\_\_ Yes                  \_\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Remember: If the address above is the residential address during the academic year only, you must complete another Change of Address Form when you vacate and return to your permanent address.*