



## Address/ Name Change Form

**Current Name:** \_\_\_\_\_  
Last First M.I.

Department: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

SSN: xxx-xx- \_\_\_\_\_ Marital Status Change:  Legal Name Change:

Educational Achievement: HS/GED  AS  BS/BA  MS/MBA

NAME CHANGE INFORMATION

**❖ PLEASE NOTE: A COPY OF YOUR UPDATED SOCIAL SECURITY CARD MUST BE INCLUDED WITH THIS FORM FOR A NAME CHANGE TO BE MADE BY THE PAYROLL OFFICE**

**New Name:** \_\_\_\_\_  
Last First M.I.

Married:  Single:  Male:  Female:

ADDRESS CHANGE INFORMATION

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

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_

**IF CHANGE AFFECTS BENEFITS AND/OR REQUIRES A NEW TAX FORM, PLEASE COMPLETE A NEW W-4 AND/OR L-4 AND RETURN TO PAYROLL**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM WITH ANY ATTACHMENTS TO:**

Rosenwald Hall- 1<sup>st</sup> Floor  
ATTN: Payroll

Office Use Only

Employee ID: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Initial: \_\_\_\_\_