Change of Name and/or Address Form

EMPLOYEE INFORMATION

Name:_____
First Middle Maiden Last

Last 4 of SSN:_____ **Date of Birth:**_____ **Department:**_____

CHANGE OF NAME

OFFICIAL LEGAL DOCUMENTS REQUIRED

(i.e., marriage certificate, social security card, driver's license, or other court document)
(Updated tax forms MUST be attached)

Old Name:_____
First Middle Maiden Last

New Name:_____
First Middle Maiden Last

CHANGE OF ADDRESS

If not personally delivered to Human Resources, you must attach a valid proof of address
(i.e., lease, bank statement, driver license, etc.)

Old Mailing Address:_____
Street Address/P.O. Box

_____
City State Zip Code

New Mailing Address:_____
Street Address/P.O. Box

_____
City State Zip Code

Home/Cell Phone Number: (_____) _____

I certify that the information provided is valid and correct.

RETURN ALL CHANGE AND/OR ADDRESS FORMS TO HUMAN RESOURCES