



**Address and or Name Change  
Notification-Draft**

Proof of social security card for a name change must be presented to Human Resources and new retirement and payroll forms must be completed in person as soon as possible. Changes to employment records cannot be made without all appropriate documentation. Please complete this form and return it to the Department of Human Resources.

**Name:** \_\_\_\_\_  
Last First MI/Maiden

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Apartment Number:** \_\_\_\_\_

**New Telephone Number:** \_\_\_\_\_

**Location of Assignment:** \_\_\_\_\_ **Assignment:** \_\_\_\_\_

Please indicate if this is an () address change and/or a () name change

Change name from \_\_\_\_\_ to \_\_\_\_\_  
(A copy of social security card reflecting your name change must be submitted **before** any changes to employment or school records will be made)

Change email from \_\_\_\_\_ to \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Human Resources will copy to appropriate offices for processing

- Cc: Personnel file
- Payroll/Benefits
- Technology Information Services
- Principal / Supervisor