



**NOTIFICATION OF
CHANGE OF ADDRESS & TELEPHONE NUMBER /NAME**

rev. 12-02

Name: _____ Dr. Mr. Ms.

Social Security Number: _____

Department: _____ On-Campus Telephone # _____

Employment Status: Full-Time/Part-time Special Monthly Honorarium
(Bi-weekly payroll) (e.g. Adjunct Faculty & Others) (e.g. Lecturers & Others)

FORMER ADDRESS & TELEPHONE NUMBER

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

NEW ADDRESS & TELEPHONE NUMBER:

Street: _____

City: _____ State: _____ Zip: _____

New Home Telephone Number: (____) _____

FOR FULL-TIME EMPLOYEE'S ONLY:

1. Do you want your address published in the College Directory? Yes No

2. Do you want your telephone number published in the College Directory? Yes No

NAME/MARITAL STATUS CHANGE

(Former Name) _____

New Name _____

New Marital Status: Single Married Divorced Widowed

EMPLOYEE SIGNATURE _____

DATE SUBMITTED _____

FOR H/R USE:

BC/BS Medical

TIAA/CREF

AFLAC

BC/BS Dental

MetLife

CS3 Completed

Vision

VALIC

Individual Family

ERS