

# CHANGE OF INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_ Date \_\_\_\_\_

*All University employees MUST change name, SSN and/or address through HR, Esch 163*

**\*\* ONLY COMPLETE THE INFORMATION THAT NEEDS TO BE CHANGED \*\***

Name \_\_\_\_\_

Last

First

Middle

SSN \_\_\_\_\_

Change of name and/or SSN requires a copy of legal  
documentation (SSN card, driver's license, passport, etc.)

Address \_\_\_\_\_

Street

City

State

Zip Code

For address, circle one: Permanent

Local

Phone \_\_\_\_\_

For phone, circle one: Permanent

Cell Phone

**Office Use Only**

Processed by \_\_\_\_\_

Date \_\_\_\_\_