



**Name Change/Address Change Form**  
*Human Resources Department*

Name \_\_\_\_\_  
*Last First MI*

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**\*NAME CHANGE**

Previous Name: \_\_\_\_\_  
*Last First MI*

New Name: \_\_\_\_\_  
*Last First MI*

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**ADDRESS CHANGE**

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

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

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**TELEPHONE CHANGE**

Previous Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

New Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

*\*Any Name Changes **require** the completion of new W4 forms which are available in the Human Resources or Payroll Office.*