

ADDRESS/NAME CHANGE FORM



(HR USE ONLY)

NAME CHANGE

Last Name _____

First Name _____ Middle Name _____

Social Security Number _____ Student or Employee ID# _____

New Name:

Last Name _____

First Name _____ Middle Name _____

ADDRESS CHANGE

Previous Address:

Street _____

City _____ State _____ Zip Code _____

Phone Number _____

New Address:

Street _____

City _____ State _____ Zip Code _____

Phone Number _____

Choose One: Current Address/Check Mail Permanent Home

Effective Date of Change: _____

Employee Signature _____

Email _____

Please return to Life University Human Resources Department