The College at BROCKPORT
STATE UNIVERSITY OF NEW YORK

ADDRESS/NAME CHANGE FORM
Completed forms should be sent to the Office of Human Resources.
All employees should also notify their department and union of this change.

*SSN: XXX - XX - _____ (*Last Four Digits of SSN)

Name

_____	_____	_____	_____
Salu	First	MI	Last

Name changed to:

_____	_____	_____	_____
Salu	First	MI	Last

For all name changes, a copy of new social security card must be presented with this directory change form. Name changes will not be processed without this form of identification.

Campus Address Change

Building Name: _____
Room Number: _____
Department Name: _____
Work Phone: (include area code) _____
E-Mail Address: _____

Home Address Change

Street Address/PO Box: _____
City: _____
State: _____
Zip Code: _____
Home Phone: (include area code) _____
County: _____

On-line Directory:
Permission to Print/View Home Address ☐ **yes** ☐ **no**
Permission to Print/View Home Phone ☐ **yes** ☐ **no**

_____ _____
Signature **Date**

Human Resources Use Only □ **HRMS** □ **NYSTEP** □ **Benefits** □ **Payroll**

Distributed by: _____ **Date:** _____
initials