



Human Resources
Use Only

- HRMS
- Health
- Folder

CHANGE OF NAME / ADDRESS FORM

Employees should also notify their department of this change.

EFFECTIVE DATE:

First Mi Last

NAME CHANGE (if applicable)

(NOTE: for all name changes: a copy of new social security card must be present with this form. Name changes will not be processed without this form of identification.)

First Mi Last

OLD Home Address Change:

Street Address / PO Box

City / State / Zip

Phone (include area code)

County

NEW Home Address Change:

Street Address / PO Box

City / State / Zip

Phone (include area code)

County

Signature:

Date:

Must **PRINT** this form and sign.

Send completed form to Human Resources or email
to: HRSharedMailbox@morrisville.edu