

CHANGE OF INFORMATION FORM

Office Use Only
Process Date / By /

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 _____
Copy of legal documentation (driver's license, SSN card, passport, etc.) must be included.

Circle One: Permanent Campus Local Next of Kin

Address _____
Street City State Zip Code

Phone _____ - -

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