Angelo State University
Office of Human Resources

ADDRESS/NAME CHANGE

Please check which action you are requesting:

☐ **Address Change –** Please send this form to the Human Resources office for processing.

☐ **Legal Name Change** ☐ **Preferred Name Change**

For **legal name change**, please bring this form and your social security card to the Human Resources Office to make the name change. Your social security card is not required for preferred name changes.

Effective Date: _____

Employee's Name (as appears on Social Security Card): _____

Employee's Campus Identification No. (CID): _____

☐ **Faculty/Staff Employee** ☐ **Student/Temp Casual Employee**

Name previously used (if applicable): _____

Employee's Department: _____

New Home Address: _____

☐ **Local Address** ☐ **Permanent Address** ☐ **Both**

City: _____

State/Zip: _____

Home Telephone Number: _____

Employee's Signature: _____

Human Resources Use Only:

Information entered in ☐ ERS Online ☐ Banner ☐ Retirement

Human Resources Signature: _____ Date_____

Distribution of Employee Change by Human Resources:

Original to HR/ ☐ **President** ☐ **Provost** ☐ **VP-Finance** ☐ **VP – Planning** ☐ **Department Head**

Revised: 06-29-09