



Angelo State University Address and Name Change Form

Please check which action(s) you are requesting:

- Address Change
- Preferred Name Change
- Legal Name Change

Employees requesting a legal name change are required to bring their social security card reflecting their new legal name. A legal name change will not be processed without proper documentation.

Current Information:

Employee Name: CID:

Employee Category:

- Faculty
- Staff
- Student
- Temp/Casual

Name Change Information:

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

Prefix: Suffix:
First Middle Last

Preferred Name:
(If applicable)

Address Change Information:

New Home Address:

Street:
 City:
 State: Zip Code:
 Home/Cell Phone Number:

Requested Effective Date of Change(s):

Date

Office of Human Resources Use Only:

Information entered in: Banner ERS Online

Date

HR Rep Signature

Distribution of Form by HR:

- Original to HR
- President
- Provost