



# WEST VIRGINIA STATE UNIVERSITY

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## Human Resources

### EMPLOYEE NAME/ADDRESS CHANGE FORM

_____	a	_____	aaa	"	aaaaaaaa	aaa
First Name		Last Name	SSN	C/P	do dgt	Phone Number

#### NAME CHANGE

OLD NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

\*Name will not be changed on the payroll system unless a new **Social Security Card** reflecting the new name is attached.

#### ADDRESS CHANGE

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please change my address/name with the following:**

- University Payroll System,** I understand that for Social Security reporting purposes, my name must appear on the University's Payroll System the same as it appears on my Social Security Card. I further understand that my W-2 form will be mailed to the address provided above.

. . .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

West Virginia State University is an equal opportunity/affirmative action institution