



## CHANGE OF NAME, ADDRESS, PHONE, EMAIL OR SSN FORM

Check all that apply: ☐ Student ☐ Work Study ☐ Employee: **(Forward to HR)**  
☐ Financial Aid ☐ Probationary/Regular ☐ Retiree  
☐ Hourly Faculty  
☐ Hourly Non-Academic

**STRS members must report address changes directly to STRS at 800-228-5453**

**All Change Forms for students who are also employees must be forwarded and processed by the Office of Human Resources, Training & Development**

Social Security or ID Number: \_\_\_\_\_

Current Legal Name (Please Print): \_\_\_\_\_

### **PLEASE COMPLETE ONLY THOSE ITEMS THAT ARE TO BE CHANGED**

**NEW LEGAL NAME: LAST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_  
(Must present original Social Security Card before name change will be processed.)

**PREFERRED NAME: LAST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_

### **NEW ADDRESS:**

		Effective Date
Home/Permanent	_____	_____
	Street _____ Apt. # _____	
	City _____ State _____ Zip _____	
Mailing	_____	_____
	Street _____ Apt. # _____	
	City _____ State _____ Zip _____	
E-Mail	_____	_____

**NEW SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
(Must present original Social Security Card before change will be processed.)

**NEW PHONE NUMBER:** \_\_\_\_\_ Effective Date \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

☐ Day ☐ Evening ☐ Secondary Home ☐ Secondary Cell ☐ Hearing Impaired

Other: \_\_\_\_\_

☐ Day ☐ Evening ☐ Secondary Home ☐ Secondary Cell ☐ Hearing Impaired

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **OFFICE USE ONLY:**

☐ A&R ☐ FA ☐ HR: [☐ NAE ☐ myCalPERS ☐ BenefitBridge ☐ Misc.] ☐ IT Notified ☐ OAA Notified

Name/SSN Change: Verified By: \_\_\_\_\_ Document Verified: \_\_\_\_\_