

**NAPA VALLEY COMMUNITY COLLEGE DISTRICT  
CHANGE OF NAME, ADDRESS, AND PHONE NUMBER**

**Check all that apply:**  Student  Financial Aid  
 Work Study

Employee: **(Forward to HR)**  
 Regular (permanent)\*\*  Hourly Classified  
 Hourly Faculty\*\*  Retiree  
 Hourly Professional

\*\*All Change Forms for students who are also faculty or permanent staff must be forwarded to HR.

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

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

**Current Name:** \_\_\_\_\_

Please Complete Only Those Items That Are To Be Changed

	Effective Date
<b>New Name:</b> _____	_____
<b>New Address:</b>	
Home/Permanent	
Street _____ Apt. # _____	
City _____ State _____ Zip _____	
Mailing	
Street _____ Apt. # _____	
City _____ State _____ Zip _____	
Other	
Street _____ Apt. # _____	
City _____ State _____ Zip _____	
E-Mail	
_____	_____

**New Social Security Number:** \_\_\_\_\_  
(Must attach copy of social security card)

<b>New Phone Number:</b>	Effective Date
Day: _____	_____
Home (permanent) _____	_____
Business: _____	_____
Cell: _____	_____
Signature _____	Date: _____

**OFFICE USE ONLY**

NAE  A&R  FA  HR: [NAE ACES  KCares Misc.]  Office of Instruction