

Stephen F. Austin State University

ADDRESS/NAME CHANGE FORM

Name:

SSN:

Dept:

Position:

CID:

Phone:

Check all that applies: Name Change Address Change Phone Number Change

Name Change: Marital Status:

Previous Name:

New Name:

(Social Security Card must match the new name in order to process this request. Provide a copy of your social security card with this request.)

Other Forms to submit with a name change:

- W4 – Tax withholding form
- TRS11 – Beneficiary change for TRS
 - o To change a beneficiary for life insurance call ERS at 1-877-275-4377 or go to their website
- I-9 – Employment Eligibility Verification form

Address/Phone Number Change:

From:

To:

Phone:

Phone:

Signature: _____ Date Effective: _____

Send all forms to Human Resources, Box 13039, Nacogdoches, TX 75962-3039

Office Use Only:

Entered in HRS by: _____ Date: _____

Entered in HRIS by: _____ Date: _____

Copy to Employee File _____

Copy to Benefits Dept _____