

**MARSHALL UNIVERSITY/MARSHALL COMMUNITY & TECHNICAL COLLEGE
NAME / SOCIAL SECURITY NUMBER / ADDRESS CHANGE FORM**

NAME (Please print)	BIRTHDATE	EPICS NO/ POSITION NO (For office use only)	
SOCIAL SECURITY NUMBER	MU ID NUMBER (901XXXXXX)		
<u>NAME CHANGE INFORMATION</u>			
PLEASE NOTE: A copy of your Social Security card is required if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.			
	PREVIOUS	NEW	
Last Name:			
First Name:			
Middle Name:			
Prefix: (Dr., Mrs., Mr., Miss, etc.)			
Suffix: (Jr., Sr., III, etc.) (Does not mean degree or certification – e.g. MBA, CPA)			
<u>SOCIAL SECURITY NUMBER CHANGE INFORMATION</u>			
	PREVIOUS	CORRECT	
Social Security Number:			
MU ID Number: (901XXXXXX)			
<u>ADDRESS CHANGE INFORMATION</u>			
Please mark all address change boxes that apply. If on-line, click the appropriate box(es). If paper copy, mark an X in the block(s).			
EMPLOYEE		STUDENT	
<input type="checkbox"/> PR – Permanent	<input type="checkbox"/> PR – Permanent	<input type="checkbox"/> AP – Vendor Address for Check	
<input type="checkbox"/> WK – MU Employee Work Address	<input type="checkbox"/> SC – School/Campus	<input type="checkbox"/> GB – Grants-Business	
<input type="checkbox"/> WP – MU Employee Payroll Address	<input type="checkbox"/> SR – Student Refund Address	<input type="checkbox"/> GG – Grants-Government	
	<input type="checkbox"/> WS – Student Business Address	<input type="checkbox"/> PO – Vendor Address for PO	
		<input type="checkbox"/> PR – Permanent	
ROUTING (For office use only)	ROUTING (For office use only)	ROUTING (For office use only)	
<input type="checkbox"/> HR-Serv.net	<input type="checkbox"/> Bursar	<input type="checkbox"/> Grants	
<input type="checkbox"/> Budget	<input type="checkbox"/> Registrar	<input type="checkbox"/> Purchasing	
<input type="checkbox"/> Payroll			
Address Line 1:			
Address Line 2:			
Note: Address Line 2 for WK addresses is the major campus area only: Marshall University, MU Graduate College, MU Medical Education Bldg, MU Medical Center, Marshall Community & Technical College			
Address Line 3:			
City:			
State:			
ZIP:			
County:			
Nation:			
Telephone (home):			
Telephone (work):			
Telephone (campus):			
By signing below, I certify that the information provided is correct.			
SIGNATURE	DATE	EFFECTIVE DATE FOR CHANGES	

SUBMIT COMPLETED FORMS FOR EMPLOYEES TO PAYROLL OFFICE, 205 OLD MAIN, FOR STUDENTS TO THE REGISTRAR, 106 OLD MAIN, AND FOR VENDORS TO THE PURCHASING OFFICE, 108 OLD MAIN. HR-SERV-FORM-37