MARSHALL UNIVERSITY

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)		

NAME CHANGE INFORMATION

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)		

SOCIAL SECURITY NUMBER CHANGE INFORMATION

	PREVIOUS	**CORRECT**
Social Security Number:		
MU ID Number: (901XXXXXX)		

ADDRESS CHANGE INFORMATION

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**		**VENDOR**
	PR – Permanent		**PR** – Permanent		**AP** – Vendor Address for Check
	WK – MU Employee Work Address		**SC** – School/Campus		**GB** – Grants-Business
	WP – MU Employee Payroll Address		**WS** – Student Business Address		**GG** – Grants-Government
					PO – Vendor Address for PO
					PR – Permanent
	ROUTING (For office use only)		ROUTING (For office use only)		ROUTING (For office use only)
	HR		Bursar		Grants
	Budget		Registrar		Accounts Payable
	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**

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 ACCOUNTS PAYABLE OFFICE, 203 OLD MAIN.