

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

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

**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.** HR-SERV-FORM-37