**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) | | | | |
|  | |  | | | | |
| ***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 |  | **SR** – Student Refund Address |  | **GG** – Grants-Government | |
|  | |  | **WS** – Student Business Address |  | **PO** – Vendor Address for PO | |
|  | |  | |  | **PR** – Permanent | |
| ROUTING (For office use only) | | ROUTING (For office use only) | | ROUTING (For office use only) | | |
|  | HR-Serv.net |  | 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**, **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 ACCOUNTS PAYABLE OFFICE, 203 OLD MAIN.** HR-SERV-FORM-37