**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