

**MARSHALL UNIVERSITY RESEARCH CORPORATION
NAME / SOCIAL SECURITY NUMBER / ADDRESS CHANGE FORM**

NAME (Please Print)	BIRTHDATE	
SOCIAL SECURITY NUMBER	901 NUMBER	
NAME CHANGE INFORMATION		
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, ets.)		
Suffix: (Jr., Sr., III, etc.)		
SOCIAL SECURITY NUMBER CHANGE INFORMATION		
	PREVIOUS	CORRECT
Social Security Number		
901 Number		
ADDRESS CHANGE INFORMATION		
Address Line 1:		
Address Line 2:		
City:		
State:		
Zip:		
Telephone (Home):		
Telephone (Work):		
*Note: This form only changes your address with Marshall University Research Corporation.		
By signing below, I certify that the information provided is correct.		
SIGNATURE	DATE	EFFECTIVE DATE FOR CHANGES

**SUBMIT COMPLETED FORMS TO THE MURC PAYROLL OFFICE, One John Marshall Drive
Huntington, WV 25755**

***Please complete the MU Name/Social Security Number/Address Change Form to update your Vendor Address information at <http://www.marshall.edu/human-resources/forms/>**