



**Human Resources  
Name & Address Change Request**

Current name: \_\_\_\_\_  
First Middle Last

Employee ID: \_\_\_\_\_ 900 #: \_\_\_\_\_

Please check: Staff \_\_\_\_\_ Faculty \_\_\_\_\_ Student \_\_\_\_\_

**Address Change: (Please print)**

Old Address: \_\_\_\_\_ New Address: \_\_\_\_\_  
Street Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

**Name Change: (Please print)**

New Name: \_\_\_\_\_  
First Middle Last

I have read and understand this form, and I hereby certify that the above is true and correct, and that I am the individual requesting the change.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*  
**FOR HR USE ONLY**

Date received: \_\_\_\_\_ Required documents received: \_\_\_\_\_(Y/N)

Banner Staff change: \_\_\_\_\_ ADP change: \_\_\_\_\_ Changed by: \_\_\_\_\_  
Date Date Initials

Date sent to Academic Affairs: \_\_\_\_\_ Date sent to IT: \_\_\_\_\_

Date sent to Registrar's Office: \_\_\_\_\_

**Accessibility Statement:**

If you need this form in an additional format - reach out to [Michael McLeod](#) 678.717.2232 Revised 10/2020