

## CHANGE OF ADDRESS OR NAME CHANGE FORM

STUDENT ASSISTANT AND/OR COLLEGE WORK STUDY

Payroll • Haggerty 301 • New Paltz, NY 12561-2443 (845) 257-3145 • fax: (845) 257-3103 • www.newpaltz.edu/payroll

Please use ball point pen and print clearly.

For name change ONLY please include a copy of social security card and tax forms with new name.

| Name:                         |      | _ New Permanent Address:                     |
|-------------------------------|------|----------------------------------------------|
| Former Name (if name change): |      |                                              |
| Last 4 digits of SS#:         |      |                                              |
| Home Phone#:                  |      |                                              |
| Cell Phone#:                  |      | Mailing Address (if different from permanent |
|                               |      | address): 🗌 Add 🗌 Change 🗌 Delete            |
|                               |      |                                              |
|                               |      |                                              |
| Signature                     | Date |                                              |
| oignature                     | Date |                                              |