



CHANGE OF NAME, ADDRESS, PHONE, EMAIL OR SSN FORM

- Check all that apply: Student, Work Study, Financial Aid, Employee: (Forward to HR), Probationary/Regular, Hourly Classified, Hourly Faculty, Retiree, Hourly Professional. STRS members must report address changes directly to STRS at 800-228-5453

All Change Forms for students who are also employees must be forwarded and processed by the Office of Human Resources, Training & Development

Social Security or ID Number: _____

Current Legal Name (Please Print): _____

PLEASE COMPLETE ONLY THOSE ITEMS THAT ARE TO BE CHANGED

NEW LEGAL NAME: LAST: _____ MIDDLE: _____ FIRST: _____ (Must present original Social Security Card before name change will be processed.)

PREFERRED NAME: LAST: _____ MIDDLE: _____ FIRST: _____

NEW ADDRESS:

Home/Permanent, Mailing, E-Mail. Fields for Street, Apt. #, City, State, Zip, and Effective Date.

NEW SOCIAL SECURITY NUMBER: _____ (Must present original Social Security Card before change will be processed.)

NEW PHONE NUMBER: _____ Effective Date _____

Home, Cell, Other phone numbers with checkboxes for Day, Evening, Secondary Home, Secondary Cell, Hearing Impaired.

Signature: _____ Date: _____

OFFICE USE ONLY: A&R, FA, HR, NAE, myCalPERS, BenefitBridge, Misc., IT Notified, OAA Notified. Name/SSN Change: Verified By: _____ Document Verified: _____