**CHANGE OF ADDRESS AND/OR NAME CHANGE-EMPLOYEE Missouri State University**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**: Last First M.I. BearPass Number Date

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**NEW NAME**: Last First M.I. Date

**Employees submit form to: □**Full-time **□**Single

Office of Human Resources, Carrington Hall 315 □Part-time **□**Married

901 S National; Springfield MO 65897

FAX: (417) 836-6789

[HumanResources@MissouriState.edu](mailto:HumanResources@MissouriState.edu)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * *To change your benefits and/or beneficiaries, please contact HR* * *To change tax deductions,**please contact Payroll* * *To change your name or marital status, please take your new Social Security card (reflecting the legal name change) to HR with this form* | | | | |
| □ **Primary Address (Required)** |  | | | |
| This is your home address | Street | | Apt. No. | |
| City | State | | Zip |
| Telephone: ( ) --- □ Cell | | | |
| □ **Emergency Contact Information (Desired)** |  | | | |
| Please provide at least one emergency contact.  This is not associated with the MSU Alert system which is used to notify you of important information. | Name | | | |
| Relationship | | | |
| Street | | Apt. No. | |
| City | State | | Zip |
| Telephone: ( ) --- | | | |
| □ **Temporary or Mailing (Optional)** |  | | | |
|  | Street | | Apt. No. | |
| City | State | | Zip |
| Telephone: ( ) --- □ Cell | | | |

*Office Use Only:*

*\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_*

*Initials Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date