



# CHANGE OF NAME AND/OR ADDRESS

(Complete and return to the Office of Employment & Compensation Services – Wickes 373)

- Adjunct Faculty
- Administrative/Professional
- Full-time Faculty
- Miscellaneous
- Pool
- Public Safety
- Student
- Support Staff

Effective Date \_\_\_\_\_

Employee Name (please print) \_\_\_\_\_ Social Security # \_\_\_\_\_

### Name Change (Please Print)

Current Name \_\_\_\_\_ Former Name \_\_\_\_\_  
(First, Middle Initial, Last) (First, Middle Initial, Last)

### Address Change (Please Print)

New Address \_\_\_\_\_  
(Street address) (City) (State) (Zip)

Former Address \_\_\_\_\_  
(Street address) (City) (State) (Zip)

New Home Phone Number \_\_\_\_\_ Former Home Phone Number \_\_\_\_\_

### Technology Username/Access ID Change Information (Please Print)

Complete this section if you are changing your name and want your Technology Username/Access ID to change accordingly, **or** if you are requesting that your Technology Username/Access ID be changed due to other circumstances.

Current Username/Access ID: \_\_\_\_\_ SVSU ID Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ If this request is **not** due to a name change, indicate the reason:

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** ID changes related to non-name change requests must be approved by the Executive Director or Director of Information Technology Services (ITS). The ITS Support Center will seek this approval when such requests are received. Changes will be implemented during the next time frame between semesters (between fall and winter, winter and spring, or summer and fall). You will be notified of your new ID at the above phone number when the change is complete.

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### TO BE COMPLETED BY EMPLOYMENT & COMPENSATION SERVICES

Change entered into Colleague \_\_\_\_\_ by \_\_\_\_\_  
(date) (employee)

Insurance forms sent to employee for signatures \_\_\_\_\_ by \_\_\_\_\_  
(date) (employee)

Access ID change sent to ITS \_\_\_\_\_ by \_\_\_\_\_  
(date) (employee)