

UNIVERSITY OF KENTUCKY

ADDRESS CHANGE FORM

NAME CHANGE FORM

SOCIAL SECURITY NUMBER _____

PRESENT NAME _____

PREVIOUS NAME _____
(if name has changed)

NEW ADDRESS (Please type or print)

Home street address (street name/apt. no. or P.O. Box)

City State Zip

Phone Number (including area code)

EMPLOYEE SIGNATURE

DATE

For Department Use Only

Dept. # _____

Date Entered into HRS

Entered By

Retain a copy of this form within the department responsible for maintaining this information in HRS
Send a copy of form to: RECORDS, 21A Scovell Hall; and BENEFITS, 115 Scovell Hall
4/19/02 12:27 PM