



STUDENT EMPLOYMENT NAME/ADDRESS CHANGE FORM

COMPLETE SECTION 1.

Full Name: _____

Student ID: _____ Social Security Number: XXX-XX-_____

Phone number: _____ Department: _____

SELECT ALL YOU WISH TO UPDATE AND COMPLETE SECTION 2.

Address Change-

New Address: _____
(STREET)

(CITY) (STATE) (ZIP)

Name Change-

Legal Name: _____
(PLEASE LIST NAME EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

Former Name: _____

Preferred Name: _____

Note: For legal name changes, students must present their new social security card to the Student Employment Office. If you are updating a preferred name, please understand that official documents must list the legal name matching the social security card.

Do you wish for this information to be released to your department? YES NO

Is this information to be kept confidential? YES NO

Signature: _____ Date: _____

OFFICE USE ONLY: EMPLOYEE ID: _____ GALAXY UPDATED: _____ COMPLETED: _____