Change of Address/Name Form

(Please Print Legibly)

Name: ____________________________________________ CWID: ______________

New Name: ____________________________________________
(Requires new Social Security Card and I-9 Update)
(If name change affects benefits, you’ll need to provide proof of change)

New Street Address: ________________________________________________
City, State, Zip ____________________________

Telephone Number-Home: ___________________ Cell: ____________________

(Please Check One)

☐ Student  ALL Students must notify the Registrar’s Office of name changes

☐ Undergraduate ☐ Graduate

☐ Classified Staff - All Staff also must fill out a PERA Record Change Form

☐ Faculty Retirement Accounts:
If PERA member, please complete a PERA Record Change Form.
If MDCP participant, log on to VALIC site and update your information.

Faculty: Please check appropriate box IF you would like the HR Department to change your
address with:

☐ Anthem Medical/Dental Insurance
☐ 24Hour Flex

ALL EMPLOYEES ARE RESPONSIBLE FOR NOTIFYING YOUR VOLUNTARY RETIREMENT PLAN PROVIDERS (403B/457)

Employee Signature ___________________________ Date ____________

Revised 06.16.2017