

Wright State University

Address/Name Change

The following form is required for address and/or name change. If you have any questions, please contact a Human Resources Representative at 937.775.2120. Thank you.

Please Complete and Return to the Department of Human Resources - 115 Medical Sciences Bldg.

| Part 1 - Address/Name Change - To be Completed by Employee | | |
|---|-------|---|
| Employee Name | | University ID Number (UID) |
| Employee's New Name (Complete for a name change only) <small>(attach copy of social security card)</small> | | Reason for name change <small>(attach legal documents if applicable)</small> |
| Street Address | | |
| City | State | Zip Code |
| Municipality I live in has a city income tax (provide name of city) | | Home Phone (with area code) () |
| Municipality I live in has no city income tax (provide name of township/city) | | Work Phone (with area code) () |
| School District Name (which you now live in) | | Department Name |

| Part 2 - Emergency Contact Information - To be Completed by Employee | | |
|--|--------------|---|
| Contact Name | Relationship | Phone Number (with area code) () |
| Street Address | | |
| City | State | Zip Code |

| Part 3 - Employee Approval - To be Completed by Employee | |
|---|------------|
| By signing below, I authorize the above changes to my personnel file. | |
| Employee Signature _____ | Date _____ |

Please Note: This form will change your information within Human Resources, Payroll, Medical, Dental, and Vision.

Please contact your Ohio Retirement System or ARP vendor directly to request an Address/Name Change.

Ohio Public Employees Retirement System 800.222.7377 www.opers.org

Ohio State Teachers Retirement System 888.227.7877 www.strsoh.org

| Part 4 - OFFICE USE ONLY | | |
|--|---|---|
| Medical Insurance Notified: <input type="checkbox"/> | Delta Dental Notified: <input type="checkbox"/> | VSP Notified: <input type="checkbox"/> |
| Banner Updated: <input type="checkbox"/> | InfoLinx/File Updated: <input type="checkbox"/> <small>(name change only)</small> | Budget Notified: <input type="checkbox"/> <small>(name change only)</small> |
| Human Resources Signature _____ | | Date _____ |
| Payroll Signature _____ | | Date _____ |