

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 Human Resources - 203 University Hall

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 _____