



APPALACHIAN STATE UNIVERSITY

HUMAN RESOURCES

Address/Name Change Form

Employee Information

Date:

Employee Name:

Banner ID:

Last Four (4) Digits of Social Security Number:

Employment Status: ☐ EHRA ☐ SHRA ☐ Student Employee

Student Employees: you will also need to visit the Registrar's Office to have your information changed on your student record.

Address Change

Effective Date of Change:

New Mailing Address:

City:

State:

Zip:

Home Telephone Number:

Name Change

Effective Date of Change:

Full Name as it appears on Social Security Card:

This form will not change your Benefit Information. Contact the Benefits Office 828-262-7872 or 828-262-6485

Name:

Preferred First Name:

I certify that the name above is the legal name that appears on my Social Security Card.

Signature:

Date: