

Change Of Name And/Or Permanent Mailing Address University System Of New Hampshire

INSTU

KSC

PSC

CLL

SYS

UNH

To correct official record with regard to EMPLOYEE NAME:

New Name:

(please print)

Last

First

Middle

Former Name:

Last

First

Middle

Effective Date: _____ Reason For Change: Legal Name Change _____
Change in Marital Status _____

To correct official records with regard to LEGAL MAILING ADDRESS:
(W-2 Address)

Please Print:

Street/P.O. Box

City

State

Zip

Telephone

Please Forward to Your
Campus Personnel/HR Office.

Employee Signature

PSNUM: _____

Social Security Number

Date

Copies: PERS/HR Office
Payroll
USNH Benefits
Department/Dean/Director
Budget