

WORCESTER STATE UNIVERSITY

CHANGE OF NAME, ADDRESS, or PHONE

Social Security #: _____ ID# _____

Name: _____

This is a notification of a change of:

NAME *

New Name: _____

Effective Date: _____

Reason: _____

Comments: _____

ADDRESS **(If mailing address is different fill in below)**

Street: _____

City: _____

State: _____ Zip: _____

Telephone #: _____ (____) _____

Comments: _____

MAILING ADDRESS:

Signed: _____ Date: _____

* Please note, you are required by the Group Insurance Commission and the State Board of retirement to provide Worcester State University with a copy of a marriage certificate, court order, etc. showing your name change.

FOR OFFICE USE ONLY

New Employee #: _____