

Office of Human Resources  
**Name/Address Change Request Form**

Return completed form to 200 Grace Hall

**A – Faculty/Staff Information**

Please fill in this section completely.

Effective Date for this change:

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Name:

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NDID:

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I am making this request because (check any/all that apply):

- my name has changed.\* (Please fill in section **B** completely and sign/date at the bottom.)
- my home address/phone number has changed. (Please fill in section **C** completely and sign/date at the bottom.)
- my campus address/phone number has changed. (Please fill in section **D** completely and sign/date at the bottom.)

**B – Name Changes**

NOTE: A copy of your marriage license, drivers license, court order or similar document must be attached.

Previous Name:

<small>First</small>	<small>Middle</small>	<small>Last</small>

New Name:

<small>First</small>	<small>Middle</small>	<small>Last</small>

Reason for name change:

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**C – Home Address/Phone Changes**

Previous Address:

<small>Street</small>	<small>Apartment Number</small>				
<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>
<small>Country (if outside USA)</small>	<small>Country (if outside USA)</small>				

New Address:

<small>Street</small>	<small>Apartment Number</small>				
<small>City</small>	<small>State</small>	<small>ZIP</small>	<small>City</small>	<small>State</small>	<small>ZIP</small>
<small>Country (if outside USA)</small>	<small>Country (if outside USA)</small>				

Previous Phone:

(      )
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New Phone:

(      )
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**D – Campus Address/Phone Changes**

Previous Address:

<small>Building</small>	<small>Room Number</small>

New Address:

<small>Building</small>	<small>Room Number</small>

Previous Phone:

(      )
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New Phone:

(      )
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Signature:

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Date:

/ /
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Contact Phone Number:

(      )
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