ADDRESS CHANGE FORM
University System of New Hampshire
(Please Print)

INSTITUTION: (check one) ☐ GSC ☐ KSC ☐ PSU ☐ SYS ☐ UNH ☐ UNHM

EMPLOYEE NAME: _____ **SSN (last 4 digits)** _____
Last First M.I.

EFFECTIVE DATE: _____

AUTHORIZING SIGNATURE: _____ **CONTACT PHONE:** _____

Campus Address used to mail pay check/direct deposit notice unless indicate to use Mailing or Check Address.

CAMPUS ADDRESS (CM): ☐ **Check box if STUDENT EMPLOYEE with Campus Postal delivery.**
Code STREET LINE 1 at UNH=Student Postal Center, at PSU=Student Distribution

DEPARTMENT NAME: _____ **PHONE:** _____
Enter full name

BUILDING NAME: _____ **ROOM:** _____
Enter full name

Email: _____

POSTAL MAILING ADDRESS (PM): _____

CITY: _____ **STATE:** _____ **ZIP** _____

TELEPHONE: (_____) _____ **Listed** ☐ **Unlisted** ☐

☐ ***Please Mail my Pay Check to this address.***

NOTE: Employee is responsible for contacting retirement vendor(s) with address change. TIAA-CREF and/or FIDELITY

Only use if residence address is different than Postal Mailing address.

RESIDENCE ADDRESS (RA): _____
(Note: Do NOT use a PO BOX)

CITY: _____ **STATE:** _____ **ZIP** _____

Only use if check or direct deposit notice to be sent to address different than the Campus or Postal Mailing address.

CHECK ADDRESS (CK) _____

CITY: _____ **STATE:** _____ **ZIP** _____

☐ ***Please Mail my Pay Check to this address.***

Only use if W2 to be mailed to an address different than Postal Mailing address.

W2 ADDRESS (W2): _____

CITY: _____ **STATE:** _____ **ZIP** _____

FOREIGN ADDRESS (FR): _____

CITY: _____ **PROVINCE, STATE, or COUNTY:** _____

POSTAL CODE: _____ **COUNTRY:** _____

****MAIL COMPLETED FORM TO YOUR CAMPUS HUMAN RESOURCE OFFICE****