

UNIVERSITY OF KENTUCKY

ADDRESS CHANGE FORM

NAME CHANGE FORM

PERSON I.D. _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____

PRESENT NAME _____

PREVIOUS NAME _____

(if name has changed)

NEW ADDRESS

(Please type or print)

Home street address (street name/apt. no. or P.O. Box)

City

State County

Zip

Phone Number (including area code)

EMPLOYEE SIGNATURE

DATE

For Department Use Only

Dept. # _____

Date Entered into SAP

Entered By

Retain a copy of this form within the department responsible for maintaining this information in SAP

Send a copy of form to: RECORDS, 21A Scovell Hall

1/3/07