

## ADDRESS CHANGE FORM

### HOME ADDRESS INFORMATION

**Date:**

B Number	Last Name	First Name	Initial

Agency Code (Please check one)	<input type="checkbox"/> Faculty/Staff (28020) <input type="checkbox"/> Student Assistant (28021)	<input type="checkbox"/> Federal College Work Study (28023) <input type="checkbox"/> GA/TA (28029)
--------------------------------	--	---

Street Address

City	State	Zip Code

(Area Code) Telephone Number

### CAMPUS ADDRESS INFORMATION

Campus Building	Campus Room	Campus Telephone Number

E-mail Address

**PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES, AD 244**

#### Office Use Only

	Initials	Date Entered
SUNY		
PAYSERV		
NYBEAS		