

ADDRESS CHANGE FORM

HOME ADDRESS INFORMATION:

B Number: _____

Date: _____

Last Name: _____

First Name: _____

Agency Code (Please check one):

___: Faculty/Staff (28020)

___: Federal College Work Study (28023)

___: Student Assistant (28021)

___: GA/TA (28029)

Street Address: _____

City: _____

State: _____

Zip Code: _____

(Area Code) Telephone Number: _____

Campus Address Information:

Campus Building: _____

Campus Room: _____

Campus Phone Number: _____

E-mail Address: _____

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

Office Use Only:

SUNY (Initials): _____ Date Entered: _____

PAYSERV (Initials): _____ Date Entered: _____

NYBEAS (Initials): _____ Date Entered: _____

