

## CHANGE OF ADDRESS

Return SIGNED form to:

Human Resources  
18 Montana Hall  
Montana State University  
Bozeman, MT 59717-2520

**Please note: Employees who have retirement, supplemental annuities or union affiliation must contact organizations directly with any changes.**

**Health Insurance providers will be automatically notified.**

**Employee ID number:**

• \_\_\_\_\_

**Employee Name:**

(Please Print Clearly!)

• \_\_\_\_\_

Last Name

First Name

Middle Name

**Former Address:**

(Please Print Clearly!)

• \_\_\_\_\_

Former Street Address

City

State

Zip Code

Country

**New Address:**

(Please Print Clearly!)

• \_\_\_\_\_

New Street Address

City

State

Zip Code

Country

New Phone Number

**I authorize the above change of address to be used by the following type(s) of address (es):**

**Mailing Address (Address printed on paychecks, correspondence mailed and W2's will go to this address)**

**Permanent Address (address used for Permanent Record)**

• \_\_\_\_\_

**Signature**

**Date**

**CURRENT OFF CAMPUS EMPLOYEES ONLY**

(Please refer to the Change of Address policy: <http://www.montana.edu/hr/Forms.htm>)

• \_\_\_\_\_

**Departmental Representative verifying ID**

**Date**