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| CHANGE OF ADDRESS*Return SIGNED form to:* Human Resources P.O. Box 172520 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***](http://www.montana.edu/hr/Forms.htm)*)**

**Departmental Representative verifying ID Date** **Departmental Representative verifying ID Date** |

*Complete form, SIGN, and submit to Human Resources.*