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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.*