Office use only:
Pay Type
☐ **Benefited**
☐ **Non-Benefited**

San Jose State University Foundation

Address/Name Change Form

NAME _____ **DATE** _____

SOCIAL SECURITY NO. _____

FOR CHANGE OF ADDRESS ONLY

NEW ADDRESS _____

PHONE _____ **DATE EFFECTIVE** _____

FOR CHANGE OF NAME ONLY

FORMER NAME _____
LAST **FIRST** **MIDDLE**

NEW NAME _____
LAST **FIRST** **MIDDLE**

DATE EFFECTIVE _____ **REASON** _____

SUBMITTED BY _____ **DATE** _____
Signature

H/R_____Date_____

Noted by

Noted by Payroll

_____Date_____