

**MIDDLE GEORGIA STATE UNIVERSITY
EMPLOYEE NAME, ADDRESS, TELEPHONE
CHANGE FORM**

Name: _____

Position: _____

Department: _____

Social Security Number: _____

I wish to notify the Office of Human Resources of the following personal data changes:

***New Name:** _____

(*Social Security card with new name must be submitted before changes can be made.)

New Address: _____

Street Address

City

State

Zip Code

New Telephone Number: _____

Effective Date of Change: _____

Signature

Date