

University of Massachusetts - Dartmouth

EMPLOYEE ADDRESS / TELEPHONE CHANGE / NAME CHANGE FORM

Fill in your name and ONLY the data fields that are changed.

Name : _____

Title : _____

Department: _____

Building and Room#: _____

Extension: _____

Name Change *: _____

New Home Phone#: _____

New Address: _____

City: _____

State: _____

Zip: _____

Signature

Date

** Name changes can only be made upon presenting your updated Social Security Card reflecting the name change. **

PLEASE RETURN THIS FORM TO THE
OFFICE OF HUMAN RESOURCES
ROOM # 202, Foster Admin Building