

ADDRESS & NAME CHANGE FORM

Employee Name: _____ **Date:** _____

Change of Address			
New Address: <small>or Forwarding Address</small>	_____	_____	_____
	Street, Apt #	City, State	Zip
	_____	_____	_____
	(Area Code) Phone #	Date Effective	

Change of Name			
You Will be Asked to Provide Proof			
Former Name:	_____	_____	_____
	Last	First	Middle
New Name:	_____	_____	_____
	Last	First	Middle
Reason:	_____		_____
	Explanation		Date Effective

Submitted By (print name): _____ **Date:** _____

Email Address for Confirmation of HR Receipt: _____

Submit to:
Human Resources
Tower Foundation of SJSU
One Washington Square, San Jose, CA 95192-0183

Tower HR Signature: _____ **Date Received:** _____