



THE UNIVERSITY OF
TOLEDO
1872

CHANGE of NAME, ADDRESS, PHONE NUMBER

Please check appropriate box (es):

Name Change * Address Change Phone # Change

*(need copy of Social Security card)

Please be sure all information is **legible** and filled out completely:

Rocket Number: _____

Name _____ **Last 4 digits of Soc. Sec. # xxx-xx- _ _ _ _**

New Name * _____ * (Need copy of Social Security Card)

Street Address _____ **Phone #** _____

Apt. # _____ **Spouse's Name** _____

City/State/Zip _____/_____/_____ **Spouse's Birth date** _____

County: _____

Employees are responsible for indicating any change in their ADDRESS.

REMEMBER to change your tax withholding with the Payroll Department if you are changing states. You will need to notify, in writing, OPERS (to receive form: 1-800-222-7377 or www.opers.org), STRS (1-888-227-7877), the Credit Union and/or your ARP carrier of any address and/or name change.

Please indicate last day worked (if leaving UT's employment): _____

Signature **Today's Date** **Effective Date of Change**

For quicker processing, please circle employment status and return to corresponding correct office	
Main Campus Faculty (Please return to Provost Office, MS 3350 UH)	Health Science Campus Faculty (Please return to Faculty Affairs, MS 1018 MLB)
Main Campus Student Employee (Please return to Career Services, MS 1532 SU)	Health Science Campus Resident (Please return to Graduate Med Education, MS 1050 MLB)
Main Campus Staff (Please return to Human Resources: Mail Stop 205, Transportation Center or fax to 419-530-1490)	Health Science Campus Staff or Student Employee: