

Southern University – Human Resources Address/Name Change Form

Thank you for typing or printing all information except your signature.

Social Security Number - -

Employee's Name _____

Employee's Signature _____ Date: _____

Work - - Home - -

Cell - - Other - -

Please indicate if home and/or cellular telephone number is private: ___ Yes ___ No

Address Change Request

*Request will **not** be processed if Post Office Box is the only address submitted!*

Home Address:

Number & Street Apartment No., if any

City State Zip

Select requested change: correspondence only check only correspondence & check

Mailing Address:

Number & Street Apartment No., if any

City State Zip

Select requested change: correspondence only check only correspondence & check

Name Change Request

Request will not be processed without valid documentation

Employee's Previous Name _____

Reason for name change: **Marriage** requires *copy of marriage license* and *social security card* stating married name.

Divorce requires *copy of the divorce decree*.

Misspelled name requires *certified birth certificate* or *valid social security card*.

Any **other reason** requires *applicable documentation* such as court order.

You may submit this completed form:

In Person/Campus Mail

Human Resources

First Floor

Leonard C. Barnes Administration Building

Phone: 318-670-9351

Fax: 318-676-5496

Federal Mail

Human Resources

Leonard C. Barnes Admin. Bldg.

3050 Martin Luther King Jr. Dr.

Shreveport, LA 71107