

PURCHASE COLLEGE

DEPARTMENT OF HUMAN RESOURCES

735 ANDERSON HILL ROAD ~ PURCHASE, NY 10577

TEL: 914-251-6090 ~ FAX: 914-251-6064

NOTIFICATION OF CHANGE OF ADDRESS / NAME

Please send this completed form to the Human Resources / Payroll Departments

Effective Date: _____

Name: _____
(Last) **Please Print Neatly** (First) (MI)

Last 4 Digits of Social Security Number: _____

Address Change: _____

_____ **County** _____

Telephone Number: _____

If name has been changed, please indicate former name below:

A request for a name change (first and/or last name) requires the submission of legal documentation that verifies the name change (i.e. marriage certificate or court papers).

Name: _____

Please Print Neatly (Last) (First) (MI)

(Signature)