

## CHANGE OF ADDRESS FORM

NOTE: *If you are a student, your change of address must be requested through the Office of the Registrar.*

Date: \_\_\_\_\_

Please check one:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Temporary Administrator | <input type="checkbox"/> Non-Student Tutor |
| <input type="checkbox"/> Civil Service     | <input type="checkbox"/> Extra-Help              | <input type="checkbox"/> Retiree           |
| <input type="checkbox"/> Full Time Faculty | <input type="checkbox"/> Part Time Faculty       | <input type="checkbox"/> Former Employee   |

Name:		UID#:	
Address:			
City:	County:	State:	Zip:
Home Telephone:		CSU Ext.:	

I hereby request that my address of record be changed as stated above. I understand that this form only changes information in Chicago State University's system. I also understand that this change will not affect any documents (checks, W-2s, etc.) for which processing began prior to the date of submission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable, please remember to complete the following forms:

- New W-4 (Tax Withholding) Card
- New Employee Group Insurance Enrollment/Change Form
- New Beneficiary Designation form for Retirement System
- New Beneficiary Designation Form for the State Life Insurance Program
- Address Change for Reliastar
- Address Change for Deferred Compensation
- Address Change for Flexible Spending Account
- Address Change for Tax Sheltered Annuity