



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#:
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Address:

City:	County:	State:	Zip:
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Home Telephone:	CSU Ext.:
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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:

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