

**Baldwin Wallace University
Change of Address/Status Form**

Last Name First Name M.I. Soc. Sec. No.

Check All that apply: ☐ **Section 1:** Address Change ☐ **Section 2:** Name Change ☐ **Section 3:** Marital/Dependent Status

Payroll: ☐ Monthly ☐ Bi-Weekly

Effective Date: _____ Employee Signature: _____

By signing above, I authorize the changes indicated in the Sections 1-3 below.

Section 1:

Number and Street Apt. No. School District No.

City State Zip Code County

Home Phone Number Cell Phone Number BWU Phone Extension

Section 2:

New Name (As it appears on Soc. Sec. Card)

MUST ATTACH COPY OF NEW SOCIAL SECURITY CARD

Section 3:

☐ **ADD*** ☐ **DELETE** _____
Spouse Name Date of Marriage

☐ **ADD*** ☐ **DELETE** _____
Dependent Name(s) Date of Birth

*If adding a spouse or dependents, a separate Dependent Form must be completed as well.

****Please remember to notify your retirement plan and health care provider that you have moved or that your name has changed. Our office is not authorized to make these changes. ****