# ADDRESS CHANGE FORM

<table>
<thead>
<tr>
<th>B Number</th>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Agency Code (Please check one):**
- [ ] Faculty/Staff (28020)
- [ ] Student Assistant (28021)
- [ ] Federal College Work Study (28023)
- [ ] GA/TA (28029)

**Home Address Information**

- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **(Area Code) Telephone Number:**

**Campus Address Information**

- **Campus Building:**
- **Campus Room:**
- **Campus Telephone Number:**

**PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES, AD 244**

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Initials</th>
<th>Date Entered</th>
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<tbody>
<tr>
<td>SUNY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAYSERV</td>
<td></td>
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</tr>
</tbody>
</table>

Initialed by:

List of initials: SUNY, PAYSERV.

Date of initial entry: [ }