

Red ID:

## Address and / or Name Change Form

Please print clearly and use ink. Please complete entire form.

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

☐ ADDRESS CHANGE

☐ NAME CHANGE - Due to: ☐ Marriage ☐ Divorce ☐ Legal Name Change ☐ Other

### Personal Information

Present Legal Last Name:	Legal First Name:	MI:
Work Telephone Number:	Home Telephone Number:	
Email Address (used to receive SDSURF notifications):		

### Required for Name Changes Only

Former Legal Last Name:	Legal First Name:	MI:
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### PM: Payroll Check Mailing Address (not a campus address)

Street Address Line 1:		
Street Address Line 2:		
City:	State:	Postal Code:

### Emergency Contact Information

Last Name:	First Name:
Relation:	
Telephone Number (including area code):	

**If you have benefits with SDSURF:** Your health, dental, and vision will be updated. If you have a TIAA account you will need to update your information with them directly. Please go to [www.tiaa.org](http://www.tiaa.org) and log in. Select the "My Profile" tab and then click on "Beneficiaries". If you have AFLAC, Supplemental Life or Voluntary AD&D you will also need to update your information with the applicable carrier.

### Important:

If you are a current or former SDSU student, please be aware that this name change will also be made to your SDSU academic transcript. If you would rather maintain your previous name on your transcript, please contact the Registrar's Office.

**SIGNATURE:**

**DATE:**

### For HR Use Only:

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|--|--|
| <input type="checkbox"/> Social Security Card Viewed | <input type="checkbox"/> Red ID Kiosk Updated                |
| <input type="checkbox"/> I-9                         | <input type="checkbox"/> HRIS/Computing Services Notified    |
| <input type="checkbox"/> E-class                     | <input type="checkbox"/> Orig. to Benefits Transaction Group |
| <input type="checkbox"/> W-4                         | <input type="checkbox"/> Copy to Payroll                     |