



## CHANGE OF ADDRESS, PHONE NUMBER, OR NAME

*(Please print)*

**Name** (if changing name, give current record name here): \_\_\_\_\_  
(Last) (First) (Middle)

UIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Effective date of the following changes:** \_\_\_\_\_

Check the box(es) below for any information you are updating:

**New name** (requires a copy of new Social Security card and the completion of a new Form I-9. Contact your unit/dept. for instructions.): \_\_\_\_\_  
(Last) (First) (Middle)

**Mailing address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residence address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone number:** \_\_\_\_\_

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

Return form to: AgriLife Human Resources / Payroll  
2147 TAMU  
College Station, TX 77843-2147

*For Human Resources / Payroll Use Only:*  
 Name Changed in GreatJobs for applicable budgeted employees