

NOTE: UUP represented employees must also complete and submit to HR a Benefit Trust Fund Change of Address Card at www.uupinfo.org/benefits/forms.html.



CHANGE FORM

Address/Telephone/Name

Type of Change:

Indicate all that apply

Address

Telephone

Name

Last Name:

First Name:

Social Security #:

New Name (event):

**OLD
ADDRESS**

Number and Street:

Apt. Number:

City:

State:

Zip Code:

Telephone Number:

(include area code)

**NEW
ADDRESS**

Number and Street:

Apt. Number:

City:

State:

Zip Code:

Telephone Number:

(include area code)

Change Effective Date:

Signature:

Date:

Return form to:
Human Resource Management
SUNY Fredonia
510 Maytum Hall
280 Central Avenue
Fredonia, New York 14063
Phone: (716) 673-3434
Fax: (716) 673-3210

Office Use Only

HR _____
Benefits _____
Payroll _____