

# NAME/ADDRESS/E-MAIL CHANGE FORM

Faculty/Staff     
  Retiree     
  Student     
  Wage     
  Other \_\_\_\_\_

SS#:	RUID#:
NAME:	
NEW ADDRESS:	
CITY, STATE, ZIP:	
NEW PHONE #:	(      )
CAMPUS BOX #:	OFFICE PHONE: (      )
<input type="checkbox"/> <i>Check here if you want your home information suppressed in both the physical &amp; on-line directories</i>	

<p><b>*CHANGE MY NAME TO:</b> _____</p> <p> <input type="checkbox"/> Legal Name Change (marriage, divorce, adoption, etc.)  <input type="checkbox"/> Other (please attach a detailed description to support the request)         </p> <p><b>CHANGE MY NAME/ADDRESS ON THE FOLLOWING:</b></p> <p> <input type="checkbox"/> Employment Records (<i>Human Resources</i>)                <input type="checkbox"/> Health Insurance                <input type="checkbox"/> Payroll                <input type="checkbox"/> U.S. Savings Bonds         </p> <p>C    If you have direct deposit, you must notify the bank of the change.</p> <p>C    If you have an optional retirement plan, you must notify the plan company of the change.</p> <p>C    A VRS-2 is required for a beneficiary change.</p> <p>C    *A VRS-48 is required for a name change with VRS.</p> <p>C    *For name changes, it is the responsibility of the employee to apply and change his/her name with the Social Security Administration.</p>
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<p><b>E-MAIL ADDRESS:</b> _____ <input type="checkbox"/> <b>I request that my email address be changed</b></p> <p>Completion of this section is required to process any change request for faculty, staff or student e-mail accounts. Based on the information provided, a new account will be created, and all e-mail or web-related files will be transferred automatically to the new account. You will be notified by e-mail on your <b>current account</b> or by phone prior to any change taking effect. Please allow 2 business days for processing.</p>
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By signing this form, I am certifying that I am the person represented above. Further, I agree to know, understand, and abide by the Acceptable Use Policy of Radford University.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMPLETE THIS FORM IMMEDIATELY AFTER A CHANGE**

**Return To: Radford University • Department of Human Resources • P.O. Box 6889 • Radford, VA 24142**