



ALMA COLLEGE

Address/Name Change Form

Return completed Address/Name Change Form to the Human Resources Office via email at ac-hr@alma.edu or through inter-office mail.

Effective Date _____

Address Change

Name _____
LAST FIRST MI

Previous Address _____

City, State, Zip _____

Telephone _____

New Address _____

City, State, Zip _____

Telephone _____

Name Change

The employee must present their Social Security Card in order to make a name change.

Former Name _____
LAST FIRST MI

Current Name _____
LAST FIRST MI

Employee Signature _____ **Date** _____