



## **Employee Change of Name/Address Form**

Please complete the following form with the information you wish to update.  
If requesting a **name change**, please attach official documentation.

This form will notify the following departments:

- Human Resources
- Payroll
- Benefits
- Technology

**Effective Date of Change:** \_\_\_\_\_

### **(New) Legal Name**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### **Former (Legal) Name**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

### **Previous Address**

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

### **New Address**

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

- Are you moving in or out\* of Yonkers? Yes  No
- Are you moving in or out\* of New York City? Yes  No

\*Please note, if you select 'Yes' in the boxes above, you will also be required to submit new W-4 and IT-2104 forms\*

**Edgemont UFSD is authorized to update any changes listed above.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_