



# *University of Louisiana at Monroe*

*Department of Human Resources*

*700 University Avenue*

*Monroe, LA. 71209-2300*

*Phone: (318) 342-5140*

*Fax: (318) 342-5144*

## **NAME AND/OR ADDRESS CHANGE**

**EMPLOYEE ID NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NAME CHANGE TO:** \_\_\_\_\_

**Note:** To process a name change, the Human Resource office requires originals of the following information: Marriage License or Divorce decree and a Social Security Card. Required copies will be made and originals will be returned to the employee.

**OLD ADDRESS:**

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City, State and Zip Code)

**NEW ADDRESS:**

\_\_\_\_\_  
(Street Address or P.O. Box)

\_\_\_\_\_  
(City, State and Zip Code)

**TELEPHONE NUMBER:** \_\_\_\_\_

(Include area code)

**EMAIL ADDRESS:** \_\_\_\_\_

**I authorize ULM to update and correct my name and address within the Office of Group Benefits, TRSL, LASERS, Starmount Dental and Starmount Vision**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(REQUIRED)

### **PRIVACY REQUEST:**

Please ☐ do ☐ do not release my home phone and /or address information.

### For Department of Human Resources use only

HRS _____	Insurance _____	ISIS _____
LASERS _____	TRSL _____	ORP _____