KENT STATE UNIVERSITY
CAREER SERVICES CENTER
261 Michael Schwartz Center
Kent, Ohio 44242
Phone: (330) 672-2360, Fax: (330) 672-2057

Address/Name Change Form for *Payroll Mailings Only*

(Please Print All Information, Sign, and Return to the Above Address)

Name on Current Employment Records:

_____
Last First Middle or Initial

Social Security Number: ☐☐☐-☐☐-☐☐☐☐

☐ Request for **NAME CHANGE** on Employment Records to:

(Your name must be printed as it appears on your new social security card. If this name does not already appear on your academic record in the Registrar's office, an original or notarized copy of your social security card must be provided to The Career Services Center to permit a name change.)

_____
Last First Middle or Initial

☐ Please send my **PAYCHECK or DIRECT DEPOSIT SLIP** to the **ADDRESS** listed below: (027)
(This **cannot** be a campus address)

Address_____

City_____ State_____ Zip_____

Phone_____

☐ Please send my **W-2's** to the **ADDRESS** listed below: (011)
(This **cannot** be a campus address)

Address_____

City_____ State_____ Zip_____

Phone_____

Student Signature_____ Date_____

♦ ♦ ♦ ♦ ♦

All other name and address information (except billing address maintained by the Bursar) is kept on file at the Registrar's office. Contact the Registrar's office at (330) 672-3131 for further name and address change information.

2/1/00