

# NAME/ADDRESS/E-MAIL CHANGE FORM

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

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         </p> <ul style="list-style-type: none"> <li>• Original Social Security Card displaying the new name must be presented for name change requests</li> <li>• If you have direct deposit, you must notify the bank of the change.</li> <li>• If you have an optional retirement plan, you must notify the plan company of the change.</li> <li>• A VRS-2 is required for a beneficiary change.</li> <li>• A VRS-58, Name and Address Declaration for Retirees is also required (<b>Retirees Only</b>)</li> </ul>
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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 resulting from a legal name change processed by providing the required documentation to Human Resources. Based on the information provided, a new account will be created by the Office of Information Technology, and all e-mail or web-related files will be transferred automatically to the new account. The Office of Information Technology will contact you by e-mail on your <b>current account</b> or by phone prior to any change taking effect.</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**