

**TUFTS UNIVERSITY**

Address/Name Change Form

New Information: (Please **print** neatly)

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

Employee ID Number: \_\_\_\_\_

\* Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**\* If a name change is requested, a copy of your Social Security Card must be provided otherwise, no change will be made.**