



Human Resources Department
303-273-3250

Change of Address/Name Form

(Please Print Legibly)

Name: _____ CWID: _____

New Name: _____

(Requires new Social Security Card and I-9 Update)

(If name change affects benefits, you'll need to provide proof of change)

New Street Address: _____

City, State, Zip _____

Telephone Number-Home: _____ Cell: _____

(Please Check One)

Student ALL **Students** must notify the Registrar's Office of name changes

Undergraduate

Graduate

Classified Staff - All **Staff** also must fill out a PERA Record Change Form

Faculty Retirement Accounts:

If PERA member, please complete a PERA Record Change Form.

If MDCP participant, log on to VALIC site and update your information.

Faculty: Please check appropriate box **IF** you would like the HR Department to change your address with:

Anthem Medical/Dental Insurance

24Hour Flex

**ALL EMPLOYEES ARE RESPONSIBLE FOR NOTIFYING
YOUR VOLUNTARY RETIREMENT PLAN PROVIDERS
(403B/457)**

Employee Signature _____ Date _____