Baldwin-Wallace College
Change of Address/Status Form

_____ _____
Last Name First Name Middle Initial Soc. Sec. No.

_____ _____
Number and Street Apt No. School District No.

_____ _____
City State Zip code County

_____ _____ _____
Home Phone Number Cell Phone Number B-W Phone Extension

New Name **(**As appears on Social Security Card**) If *this has changed please include a Copy of the new Social Security Card reflecting the change.***

ADD Dependent (Name & Birth Date) due to birth/adoption/marriage. ***DELETE*** Dependent due to age/student status/divorce. ***(Circle one.)***

Marital Status: (*if changed*) Spouse Name: (*if changed*)

Payroll: ☐ Monthly ☐ Bi Weekly

Effective Date: _____ Signature: _____

** Please remember to notify your retirement plan and health care provider that you have moved. Our office is not authorized to make these changes. **

Office Use Only:

Human Resource: ☐ _____ (date) Payroll: ☐ _____ (date)

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