



Faculty/Staff
Name/Address Change Form

PLEASE PRINT

ID Number: _____ (found on your Bates ID)

Current Name: _____

Signature: _____ Date: _____

NAME CHANGE

Change Name To: _____

Legal documentation required. Must provide Social Security Card as proof of name change.

TELEPHONE/ADDRESS CHANGE

New Address: _____

City: _____ State: _____ Zip Code: _____

New phone number: (____) _____ - _____ Home Cell

Please send to:
Human Resources
215 College St
Lewiston, ME 04240
OR
via fax to 207-786-6170.