



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.*

Please change my network username to reflect my name change.

**HR Staff Use Only**

New I-9 completed and verified.

**TELEPHONE/ADDRESS CHANGE**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Cell

Effective date: \_\_\_\_\_

Please change this address for all of the Bates affiliates in my household (spouse, partner, children, etc.)