

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
(562) 985-7950

ADDRESS and/or NAME CHANGE

CSULB ID #: _____ EMAIL: _____

EMPLOYEE NAME: _____
(Please print clearly)

Check if Name Change (You must show Social Security card with new name)

NEW INFORMATION

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW NUMBER: _____ ALTERNATE PHONE #: _____

EFFECTIVE DATE OF ADDRESS AND/OR NAME CHANGE _____

FORMER INFORMATION

FORMER NAME (If Applicable) _____

FORMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FORMER PHONE NUMBER: _____

EMPLOYEE SIGNATURE

DATE

FOUNDATION USE ONLY

_____ HR/Payroll

_____ Benefits

_____ Accounts