CHICAGO STATE UNIVERSITY

1867

CHANGE OF ADDRESS FORM

NOTE: *If you are a student, your change of address must be requested through the Office of the Registrar.*

Date: _____

Please check one:

☐ Administrator	☐ Temporary Administrator	☐ Non-Student Tutor
☐ Civil Service	☐ Extra-Help	☐ Retiree
☐ Full Time Faculty	☐ Part Time Faculty	☐ Former Employee

Name:	UID#:

Address:

City:	County:	State:	Zip:

Home Telephone:	CSU Ext.:

I hereby request that my address of record be changed as stated above. I understand that this form only changes information in Chicago State University's system. I also understand that this change will not affect any documents (checks, W-2s, etc.) for which processing began prior to the date of submission.

Signature: _____ Date: _____

If applicable, please remember to complete the following forms:

- New W-4 (Tax Withholding) Card
- New Employee Group Insurance Enrollment/Change Form
- New Beneficiary Designation form for Retirement System
- New Beneficiary Designation Form for the State Life Insurance Program
- Address Change for Reliastar
- Address Change for Deferred Compensation
- Address Change for Flexible Spending Account
- Address Change for Tax Sheltered Annuity