

Savannah State University
CHANGE REQUEST



Employee Name: _____ SSN#: _____

NAME CHANGE

To: _____
(FIRST) (MIDDLE INITIAL) (LAST)

CHANGE OF ADDRESS

To: _____
(Street Address) (Apt.#)

(City) (State) (Zip Code)

CHANGE of TELEPHONE #

New Number () _____

Signature _____ Date _____