



METROPOLITAN STATE UNIVERSITY OF DENVER

ADDRESS/NAME CHANGE FORM

900# _____

Name: _____

Name Change

Address Change

Effective Date _____

Effective Date _____

***IF YOU ARE REQUESTING A NAME CHANGE, YOU MUST PROVIDE A COPY OF YOUR UPDATED SOCIAL SECURITY CARD.**

Part-Time Faculty

Full-Time Faculty

Classified

Administrator

Student

Other _____

NEW INFORMATION

Name		
Address		
City	State	Zip
Telephone	E-Mail Address	@msudenver.edu

PLEASE SEND THIS COMPLETED FORM AND ANY REQUIRED ATTACHMENTS TO HUMAN RESOURCES CAMPUS BOX 47 OR BY FAX TO 6-5151

Please contact your retirement company directly to obtain additional forms for your name/address change that they may require.

TIAA-CREF	1-800-842-2009
Fidelity	1-800-343-0860
Valic	1-800-448-2542
PERA	303-832-9550

HR use only

Sent confirmation email	<input type="checkbox"/>	Anthem	<input type="checkbox"/>	NAME CHANGES ONLY
Banner change	<input type="checkbox"/>	VSP	<input type="checkbox"/>	Notified payroll/rep <input type="checkbox"/>
Flex Spending	<input type="checkbox"/>	Benefit Solver	<input type="checkbox"/>	I9 update <input type="checkbox"/>

Please note: You will receive a confirmation email once your information has been updated.