

# Rider University

## NOTICE OF PERSONAL STATUS OR ADDRESS CHANGE

**INSTRUCTIONS:** Use this form for all personal changes as listed. PA residents need to complete an Employee's Certificate of Non-residence in NJ form. Also, when relocating to a different state or changing federal withholding, please notify Payroll. **\*\*Remember to notify your health care and pension carriers of changes to your address, name or phone number.**

(11)Name: \_\_\_\_\_  
(If name has changed, please indicate previous name)

SS#: \_\_\_\_\_

Dept: \_\_\_\_\_

Date: \_\_\_\_\_  
(effective date of change)

### NEW INFORMATION

NAME \_\_\_\_\_  
(SSA requires social security card confirming any name change. Please send a copy in such cases.) Spouse

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

(area code) \_\_\_\_\_

(area code) \_\_\_\_\_

MARITAL STATUS  Single  Married  Separated  Divorced  Widowed  Domestic Partner

(22) DEPENDENTS \_\_\_\_\_  
SS# \_\_\_\_\_

DEPENDENTS \_\_\_\_\_  
SS# \_\_\_\_\_

DEPENDENTS \_\_\_\_\_  
SS# \_\_\_\_\_

OTHER \_\_\_\_\_

DISTRIBUTION  
HUMAN RESOURCES  
DISBURSEMENTS  
ACADEMIC AFFAIRS (if faculty)  
g:\forms\changes.doc

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_