

## SAM HOUSTON STATE UNIVERSITY Payroll Office

## **SSN / NAME / ADDRESS CHANGE FORM**

Please supply information ONLY in the area(s) applicable.

Email form and backup to payroll\_office@shsu.edu

\*Hand or USPS mail delivery to our office is recommended as that we cannot guarantee the security of the information if emailed or faxed.\*

CHANGE OF SOCIAL SECURITY NUMBER:			
Name:			
Last		First	MI
Incorrect Soc Sec Numb	oer:		
Correct Soc Sec Number:			
CHANGE OF NAME:			
Name Changed FROM:			
	Last	First	Middle
Name Changed TO:			
	Last	First	Middle
Permanent, Mailing, Emergency, and W2 addresses can be changed online through My Sam.  If you require assistance changing your W2 address, please complete the following:  Name:  Last  First  MI			te the following:
Address Changed FROM:  Address Changed TO:  If you are enrolled in retirement or insurance, you must complete auxiliary forms with Human Resources.			
REQUESTS FOR A SOCIAL SECURITY NUMBER OR NAME CHANGE WILL NOT BE PROCESSED WITHOUT A COPY OF YOUR SOCIAL SECURITY CARD ATTACHED.			
Signature:			
Sam-ID:		Date:	
Staff Member Taking Request:			

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