

Sam Houston State University  
Payroll Office  
Box 2027-Payroll  
Huntsville, TX 77341-2027

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

**CHANGE OF SOCIAL SECURITY NUMBER:**

Name: \_\_\_\_\_  
Last First MI

Incorrect Soc Sec Number: \_\_\_\_\_

Correct Soc Sec Number: \_\_\_\_\_

**CHANGE OF NAME:**

Name Changed FROM: \_\_\_\_\_

Name Changed TO: \_\_\_\_\_

**CHANGE OF ADDRESS:**

Please indicate address to be changed:  Permanent  W-2 (Vendor)

Name: \_\_\_\_\_  
Last First MI

Address Changed FROM: \_\_\_\_\_

Address Changed TO: \_\_\_\_\_

If you are enrolled in retirement or insurance, you must complete auxiliary forms with Human Resources.

**REQUESTS FOR SOCIAL SECURITY NUMBER OR NAME CHANGE WILL NOT BE PROCESSED WITHOUT A LEGAL DOCUMENT ATTACHED.**

Signature: \_\_\_\_\_

Soc Sec Number/Sam-ID: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Taking Request: \_\_\_\_\_