

Sam Houston State University
Payroll Office
Box 2095-Payroll
Huntsville, TX 77341-2095

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: _____