Sam Houston State University
Payroll Office
Box 2095-Payroll
Huntsville, TX 77341-2095
A Member of the Texas State University System

Please supply information ONLY in the area(s) applicable.
We must have an ORIGINAL signature on this form. Faxed copies will not be accepted.

CHANGE OF SOCIAL SECURITY NUMBER:

Name: _____ _____ _____
Last First MI

Incorrect Soc Sec Number: _____

Correct Soc Sec Number: _____

CHANGE OF NAME:

Name Changed FROM: _____ _____ _____
Last First Middle

Name Changed TO: _____ _____ _____
Last First Middle

CHANGE OF W2 ADDRESS:

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

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: _____