

# 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, please notify Payroll. **\*\*Remember to notify your health care and pension carriers of changes to your address, name or phone number.**

(11)Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Dept: \_\_\_\_\_ Date: \_\_\_\_\_  
(If name has changed, please indicate previous name) (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 TELEPHONE # \_\_\_\_\_ PAGER NUMBER \_\_\_\_\_  
(area code) (area code)

MARITAL STATUS  Single  Married  Separated  Divorced  Widowed

(22)  
DEPENDENTS \_\_\_\_\_ SSN \_\_\_\_\_ DEPENDENTS \_\_\_\_\_ SSN \_\_\_\_\_  
—

DEPENDENTS \_\_\_\_\_ SSN \_\_\_\_\_ OTHER \_\_\_\_\_  
—

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changes.pdf

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE