



CHANGE OF ADDRESS FORM

Effective Date _____

Employee Name _____

first

middle

last

Current

New

Home Address

City

State

Zip Code

County

Township

Phone

Employee Initials

Initials

Date

Instructions: Fill this form completely, print, and then date and initial the form.

Return this form to Human Resources office.

Campus Mail address: Human Resources, OM 109

Fax: (717) 477 - 4037

Postal Mail address: Human Resources

Shippensburg University

1871 Old Main Dr.

Shippensburg, PA 17257

If you have any questions, please call (717) 477 -1124 or email hr@ship.edu.