

Glenville State University
Name/Social Security Number/Address Change Form

Name (Please print)	Social Security Number	Birthdate	EPICS NO/Position No (Office Use Only)
Name Change Information			
Please Note: A copy of your Social Security card is required if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.			
	Previous	New	
Last Name:			
First Name:			
Middle Name:			
Prefix: (Dr., Mrs., Mr., Miss, etc.)			
Suffix: (Jr., Sr., III, etc.)			
Social Security Number Change Information			
	Previous	New	
Social Security Number:			
GSU ID Number:) if different from Social Security Number)			
Address Change Information			
Please mark all address change boxes that apply. Mark an X in the block to left of each selected category:			
Employee		Student	
<input type="checkbox"/> Permanent	<input type="checkbox"/> Permanent	<input type="checkbox"/> Vendor Address for Check	
<input type="checkbox"/> GSU Employee Word Address	<input type="checkbox"/> School/Campus	<input type="checkbox"/> Grants-Business	
<input type="checkbox"/> GSU Employee Payroll Address	<input type="checkbox"/> Student Refund Address	<input type="checkbox"/> Grants-Government	
<input type="checkbox"/> Student Business Address	<input type="checkbox"/> Vendor Address for PO	<input type="checkbox"/> Permanent	
Routing (For office use only)		Routing (For office use only)	
<input type="checkbox"/> Human Resources Services	<input type="checkbox"/> Enrollment Services	<input type="checkbox"/> Grants	
<input type="checkbox"/> Budget	<input type="checkbox"/> Registrar	<input type="checkbox"/> Purchasing	
<input type="checkbox"/> Payroll			
Address Line 1:			
Address Line 2: (if needed)			
City:			
State/Province:			
ZIP/PC:			
Country:			
Nation:			
Telephone (home):			
Telephone (work):			
Telephone (campus):			
Do you want directory information (as defined by GSU) published?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Directory information includes:			
Students: name, address, e-mail, address, telephone numbers (permanent and campus), date and place of birth, major field of study, dates of attendance, degree, honors and awards received, and classification			
Employees: (optional): home address, home telephone number			
By signing below, I certify that the information provided is correct.			
Signature	Date	Effective Date for Changes	

Submit completed forms:

for Employees to Payroll Office, 200 High St., Glenville, WV 26351

for Students to Enrollment Services, 200 High St., Glenville, WV 26351

for Vendors to Purchasing, 200 High St., Glenville, WV 26351

HR-3/2022