

Buffalo State University
Human Resource Management
AUTHORIZATION TO CHANGE ADDRESS

Please complete and return this form to Human Resource Management, Cleveland Hall 403. To update your emergency contact information, please use the SUNY HR Self Service module available at <http://hr.buffalostate.edu/self-service>.

Name: _____
Last *first* *Middle Initial*

Date of Birth: _____

Social Security Number: _____ *(last 4 digits only)*

OLD ADDRESS	Number and Street: _____
	Apt. Number: _____
	City: _____
	State: _____
	Zip Code: _____
	Telephone Number: () _____

NEW ADDRESS	Number and Street: _____
	Apt. Number: _____
	City: _____
	State: _____
	Zip Code: _____
	Telephone Number: () _____

Change Effective Date: _____

Signature: _____ **Date:** _____

Human Resource Management use only	
<input type="checkbox"/> NYBEAS	date entered: _____ initials: ____
<input type="checkbox"/> SUNY HR (legal and Chosen Name and emergency contacts)	date entered: _____ initials: ____
<input type="checkbox"/> NYSTEP (classified employees only)	date entered: _____ initials: ____
<input type="checkbox"/> Health Insurance: (Empire Plan, Blue Cross/Blue Shield, Independent Health)	date entered: _____ initials: ____
<input type="checkbox"/> Retirement System: (ERS, TRS, TIAA) Membership/Contract #(s):	date entered: _____ initials: ____
<input type="checkbox"/> Union Benefit Fund: (NYSCOPBA, PBANYS, CSEA, M/C, PEF, UUP)	date entered: _____ initials: ____
<input type="checkbox"/> Payroll Office (PayServ)	date entered: _____ initials: ____
Date Distributed:	By: