

**University of Wisconsin-Stout
Human Resources
203 Administration Bldg**

CHANGE OF ADDRESS FORM

Type of Employee: **Faculty/Acad Staff** **Class/LTE** **Student**

Name: _____

Social Security No: _____

New Address: _____

New County: _____

New Telephone No: _____

Effective Date: _____

Send completed form to Human Resources, 203 Administration Bldg

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Office Use Only

Change made to: Datatel ____ Health Insurance ____ UWPC ____