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|--------------------------------|---------------------------------|
| <b>William &amp; Mary/VIMS</b> | <b>Address/Name Change Form</b> |
|--------------------------------|---------------------------------|

|                     |           |            |        |
|---------------------|-----------|------------|--------|
| Chart of Accounts : | Banner ID | Date       |        |
| WM                  | Last Name | First Name | Middle |
| VM                  |           |            |        |

**Address Information**

|                 |                |         |       |
|-----------------|----------------|---------|-------|
| Mailing Address | City/State/Zip |         |       |
| Home Phone      | Work Phone     | Faculty | Staff |

**Name Change Information**

Old Name prior to change:

**In order to process a name change, your request must be accompanied by a copy of your Social Security Card reflecting your new name.**

**In addition, you must recertify your I-9 form with Human Resources.**

**It is the responsibility of the employee to update any and all beneficiary information.**

**Signature/Date**

|                      |      |
|----------------------|------|
| Employee's Signature | Date |
|----------------------|------|