



## CHANGE OF ADDRESS OR NAME

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date: \_\_\_\_\_

Social Security # (optional) \_\_\_\_\_ SHU ID#: \_\_\_\_\_

### New Permanent Home Address

Street: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Name Change

New: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Signature: \_\_\_\_\_

***Must provide proof: Copy of driver's license, SS card, marriage license, or divorce decree.***

***If you are an employee of SHU, work study, or student on payroll,  
you must report name and address changes to the Payroll Office.***

Return this form to:

Office of Financial Services and the Registrar, 1 Seton Hill Drive, Greensburg PA 15601

Admin 104 Phone 724-830-1010 Fax: 724-830-1194 Email: [helpfinreg@setonhill.edu](mailto:helpfinreg@setonhill.edu)