Southern University – Human Resources Address/Name Change Form

Thank you for typing or printing all information except your signature.

Social Security Number			
Employee's Name			
Employee's Signatur	re		Date:
Work Cell Please indicate if hom		Home - Other - e number is private:	-
		hange Rec	•
City		State	Zip
Mailing Address:	ed change: corresponder Number & Street	nce only check only co	Apartment No., if any
City		State	Zip
	Request will not be proc	ange Requessed without valid docume	
	Marriage requires copy of marriage license and social security card stating married name. Divorce requires copy of the divorce decree. Misspelled name requires certified birth certificate or valid social security card. Any other reason requires applicable documentation such as court order.		
You may submit this comp	•	Fodovol Mati	
In Person/Campus Mail		Federal Mail	

Human Resources First Floor Leonard C. Barnes Administration Building

Phone: 318-670-9351 Fax: 318-676-5496

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Shreveport, LA 71107