

Wilberforce University
Wilberforce, Ohio 45384

Change of Address Form

Please Type or Print

Name: _____

Social Security Number: _____

Effective Date of the change: _____

Old Address: _____

City: _____

State: _____ Zip Code: _____

New Address: _____

City: _____

State: _____ Zip Code: _____

New Phone Number: _____

Employee Signature: _____

Date: _____

Return Form to Human Resources