



Address and Name Change Form

Please complete this form to update the information we have on file for you in the SPS and HR Systems.
The completed form can be faxed to 240-895-4997 or mailed to:

St. Mary's College of Maryland
Office of Human Resources
47645 College Drive
St. Mary's City, MD 20686

Status (please check one): Regular Employee Contractual Employee

EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER: _____

NAME: _____
(First Name) (MI) (Last Name)

If Name Change:
NEW NAME: _____
(First Name) (MI) (Last Name)

IMPORTANT: (Legal proof of name change **MUST** be attached to this form)

Street Address: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____ DATE OF BIRTH: _____
WORK PHONE: _____ HOME PHONE: _____
CELL PHONE: _____
PERSONAL EMAIL: _____
WORK EMAIL: _____

Employee Signature

Date