

RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, New York 10036

EMPLOYEE NOTIFICATION OF ADDRESS CHANGE

Employee's Full Name: _____
(Print name as it appears in our records) (First) (M.I.) (Last)

Social Security Number: _____ - _____ - _____

Employee ID #: _____

Campus: _____ Department or Office: _____

Current Project Number: _____

Choose the Appropriate Statement:

1 - Please change my home address to the following, **effective immediately:**

Number	Street	Apt. #	City	State	Zip Code
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2 - Please change my home address to the following, **effective on** ___/___/___:
Date

Number	Street	Apt. #	City	State	Zip Code
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NOTE: Post Office Boxes and Campus Addresses are NOT Acceptable.

Home Telephone Number: (_____) - _____ - _____
Area code

Home e-mail Address _____

Employee's Signature Date (_____) _____
Daytime Telephone Number

Forward the Completed Form to The Office of Client Services at the Research Foundation.
230 West 41st Street, New York, New York 10036

NOTE: You are responsible for notifying TIAA and Your Health Insurance Carrier of the Change of Address.