

CHANGE OF ADDRESS FORM FOR STUDENT EMPLOYMENT

Student Name: _____ SID#: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

New Address: _____

City: _____ State: _____ Zip: _____

New Phone (if applicable): _____

Signature: _____ Date: _____

Return this form to the Student Employment Office, Old Main 110 or email as an attachment, studentemployment@uwsuper.edu. If emailed, it must come from your UWS account.