

## **BARD COLLEGE CHANGE OF ADDRESS FORM**

Enter CHANGES only – if information is unchanged, leave blank:

- If you are changing your NAME – you must provide new identification to Human Resources.
- If you are receiving College-sponsored benefits, there are additional forms you must complete, please contact Janet Algieri at [Algieri@bard.edu](mailto:Algieri@bard.edu) or go to <http://www.bard.edu/about/employment/forms/> to download.

Last Name: \_\_\_\_\_ Extension: \_\_\_\_\_

New Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Location: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office City: \_\_\_\_\_ Office State: \_\_\_\_\_ Office Postal Code: \_\_\_\_\_

Office Email 1: \_\_\_\_\_ Office Email 2: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State : \_\_\_\_\_

Home Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Significant Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_