

**University of Virginia Health System
Human Resources
Name and/or Address Changes**

Please complete and sign this form. Return the completed form to Graduate Medical Education Office
at: **Box 800136
Rm. 2461 Barringer West Complex
University of Virginia Health Sciences Center
Charlottesville, VA 22908 Fax # 924-0401**

NAME CHANGE

Current Name: _____
Last First Middle Initial

SSN# _____

New Name: _____
Last First Middle Initial

Please note: If your Last Name has changed, it needs to reflect the information on file with the Social Security Administration.
Failure to comply may result in problems with the IRS.

ADDRESS CHANGE

New Address: _____

City State Zip Code

Changes will be made effective the first pay period after notification unless otherwise indicated below.

Effective Date: _____

EMPLOYEE SIGNATURE — FORM MUST BE SIGNED & DATED ALONG WITH SSN

Name/Signature Date Social Security Number

Human Resources Representative Signature: _____
Date Entered into PeopleSoft: _____