



CHANGE OF ADDRESS FORM - BOZEMAN, MT CAMPUS

Name: _____ **GID#** _____

Please Update: Permanent Address ☐ Mailing Address ☐

Old Mailing Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

New Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Department: _____

Please Note:

Employees who have retirement, supplemental annuities or union affiliation must contact these organizations directly to notify them of address change.

Health Insurance providers will be automatically notified of address change.

I give my authorization to Montana State University to update my personnel records.

Signature

Date

Please return this form to the office of Human Resources:

In person to Room 18, Montana Hall

By fax to: 406-994-5974

By Inter-Office Mail: Attention Human Resources, Montana Hall

By Mail to: PO Box 172520, Bozeman, MT 59717-2520

By email as attachment: print, sign and scan, email to humanresources@montana.edu

Submit with digital signature such as an Adobe Reader Digital Signature

HR Office Use

Banner Updated: Mailing _____ Permanent _____ By: _____ Date: _____