

**Glenville State College**  
**Name/Social Security Number/Address Change Form**

|                            |                               |                  |   |
|----------------------------|-------------------------------|------------------|---|
| <b>Name</b> (Please print) | <b>Social Security Number</b> | <b>Birthdate</b> | <b>EPICS NO/Position No</b> (Office Use Only) |
|----------------------------|-------------------------------|------------------|---|

**Name Change Information**

**Please Note:** A copy of your Social Security card is required if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.

|  | Previous | New |
|--|----------|-----|
| <b>Last Name:</b>                          |          |     |
| <b>First Name:</b>                         |          |     |
| <b>Middle Name:</b>                        |          |     |
| <b>Prefix:</b> (Dr., Mrs., Mr., Miss, etc) |          |     |
| <b>Suffix:</b> (Jr., Sr., III, etc.)       |          |     |

**Social Security Number Change Information**

|  | Previous | New |
|--|----------|-----|
| <b>Social Security Number:</b>                                   |          |     |
| <b>GSC ID Number:</b> )if different from Social Security Number) |          |     |

**Address Change Information**

**Please mark all address change boxes that apply. Mark an X in the block to left of each selected category:**

| <b>Employee</b>                                       | <b>Student</b>                                  | <b>Vendor</b>                                     |
|---|---|---|
| <input type="checkbox"/> Permanent                    | <input type="checkbox"/> Permanent              | <input type="checkbox"/> Vendor Address for Check |
| <input type="checkbox"/> GSC Employee Word Address    | <input type="checkbox"/> School/Campus          | <input type="checkbox"/> Grants-Business          |
| <input type="checkbox"/> GSC Employee Payroll Address | <input type="checkbox"/> Student Refund Address | <input type="checkbox"/> Grants-Government        |
| <input type="checkbox"/> Student Business Address     | <input type="checkbox"/> Vendor Address for PO  | <input type="checkbox"/> Permanent                |
| <b>Routing (For office use only)</b>                  | <b>Routing (For office use only)</b>            | <b>Routing (For office use only)</b>              |
| <input type="checkbox"/> Human Resources Services     | <input type="checkbox"/> Enrollment Services    | <input type="checkbox"/> Grants                   |
| <input type="checkbox"/> Budget                       | <input type="checkbox"/> Registrar              | <input type="checkbox"/> Purchasing               |
| <input type="checkbox"/> Payroll                      |   |   |

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** (if needed) \_\_\_\_\_

**City:** \_\_\_\_\_

**State/Province:** \_\_\_\_\_

**ZIP/PC:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Nation:** \_\_\_\_\_

**Telephone (home):** \_\_\_\_\_

**Telephone (work):** \_\_\_\_\_

**Telephone (campus):** \_\_\_\_\_

**Do you want directory information (as defined by GSC) published?** (Mark with an X)  **Yes**  **No**

Directory information includes:

Students: name, address, e-mail, address, telephone numbers (permanent and campus), date and place of birth, major field of study, dates of attendance, degree, honors and awards received, and classification

Employees: (optional): home address, home telephone number

By signing below, I certify that the information provided is correct.

|                  |             |                                   |
|------------------|-------------|-----------------------------------|
|                  |             |                                   |
| <b>Signature</b> | <b>Date</b> | <b>Effective Date For Changes</b> |

Submit completed forms

for Employees to Payroll Office, 200 High St., Glenville, WV 26351  
for Students to Enrollment Services, 200 High St., Glenville, WV 26351  
for Vendors to Purchasing, 200 High St., Glenville, WV 26351