

# Change of Address Form

University of Louisiana at Lafayette, Office of Personnel Services, PO Box 40196, Lafayette LA 70504, 337-482-6242

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parish

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## For Office Use Only - (Initial)

Status \_\_\_\_\_

ISIS \_\_\_\_\_

Civil Service \_\_\_\_\_

Personnel Card \_\_\_\_\_

Cafeteria Plan \_\_\_\_\_

Group Benefits \_\_\_\_\_

Dental Insurance \_\_\_\_\_

LASERS/TRSL \_\_\_\_\_

Savings Bonds \_\_\_\_\_