



TUFTS UNIVERSITY
Human Resources Service Center
200 Boston Ave - Suite 1750
Medford, MA 02144

Address/Name Change Form

New Information: (Please **print** neatly)

Effective Date of Change: _____

Employee ID Number: _____

* Name: _____

Address: _____

City, State and Zip Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

Signature : _____

Date: _____

*** If a name change is requested, a copy of your Social Security Card must be provided otherwise, no change will be made.**