



RESEARCH FOUNDATION
of The City University of New York
230 West 41 Street
New York, New York 10036

EMPLOYEE NOTIFICATION OF ADDRESS CHANGE

Employee's Full Name: _____
 (Print name as it appears in our records) (First) (M.I.) (Last)

Last 4 digits of Social Security Number: _____

Employee ID #: _____

Campus: _____ **Department or Office:** _____

Current Project Number: _____

Legal Address – Note: Post Office Boxes and Campus Addresses are **NOT** Acceptable.

Please change my legal address to the following, effective immediately or as of ___/___/___:

 Number Street Apt. # City State Zip Code

Mailing Address

Please change my mailing address to the following, effective immediately or as of ___/___/___:

 Number Street Apt. # City State Zip Code

Contact Information

Please change my contact information to the following, effective immediately or as of ___/___/___:

Home Telephone Number: (_____) - _____ - _____
 Area code

Home e-mail Address _____

 Employee's Signature Date (_____) Daytime Telephone Number

Forward the Completed Form to The Office of Client Services at the Research Foundation.
 230 West 41 Street, New York, New York 10036

NOTE: You are responsible for notifying TIAA and Your Health Insurance Carrier of the Change of Address.