

ADDRESS CHANGE FORM  
 Wichita State University  
 Office of Human Resources

Effective Date \_\_\_\_\_

myWSU ID# \_\_\_\_\_

**From:**

**To:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Do you want any of the above information printed in the campus directory?

Name	_____	Yes	_____	No	_____
Address	_____	Yes	_____	No	_____
Phone #	_____	Yes	_____	No	_____

**Return form to Human Resources:**

Wichita State University  
 Office of Human Resources, Campus Box #15  
 1845 Fairmount  
 Wichita KS 67260-0015

or Fax to (316) 978-3201



Office Use Only

	Call-in	<input type="checkbox"/>		Active	Inactive
Date Received: _____	Walk-in	<input type="checkbox"/>	U/Class	<input type="checkbox"/>	<input type="checkbox"/>
Date Entered: _____	Payroll	<input type="checkbox"/>	Stu	<input type="checkbox"/>	<input type="checkbox"/>
Initials: _____	Department	<input type="checkbox"/>	Grad	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Lect	<input type="checkbox"/>	<input type="checkbox"/>