

**ANGELINA COLLEGE
ADDRESS and/or NAME CHANGE FORM**

Please complete the information below and forward to Pati in PAYROLL Room # A203E

Effective date of change: _____

Employee SS#: _____

Previous Employee Name: _____

New Employee Name: _____

New Mailing Address: _____

Phone Number: _____

Email address: _____

Employee Signature: _____

Date: _____