

# University of Missouri

## CHANGE OF ADDRESS/TELEPHONE NUMBER

Columbia   
  Hospital   
  Kansas City   
  Outreach & Extension   
  Rolla   
  St. Louis   
  UM System   
  Retirees

PLEASE PRINT OR TYPE

1. Effective Date	2. EmpID	3. Employee Name (Last, First, Middle)	4. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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**5. Home Address (Local Address):**

Street or P.O. Box Number	City	State	Zip Code	County
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**6. Mailing Address (Only provide if different than above):**

Street or P.O. Box Number	City	State	Zip Code	County
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**7. UM Work Address**

Room Number and Building Name				
Street or P.O. Box Number (If Applicable)	City	State	Zip Code	County

**8. Telephone Numbers:**

Home Telephone Number (Main) (       )	UM Work Telephone Number (       )
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9. Employee/Retiree's Signature	Date	10. Check if you want to restrict release of home address and telephone number. <input type="checkbox"/>
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