



SAMUEL MERRITT
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U N I V E R S I T Y

Employee Address Change Form

Last Name: _____ **First Name:** _____

New Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Signature: _____ **Date:** _____

Please return form to Human Resource via fax at 510-869-6115 or in person to: 3012 Summit (Wing B, 1st floor) Oakland, CA 94609