



Hornet Central Use ONLY
Information entered and verified
By (Initials): _____
Date: _____

CHANGE OF ADDRESS/NAME FORM

**Hornet Central
Shenandoah University
1460 University Drive
Winchester, VA 22601**

**Phone: 540-665-4514
Fax: 540-665-5433
Email: hornetcentral@su.edu**

If Faculty/Staff, have you taken any courses at Shenandoah University? Yes No
Faculty/Staff legal home address and/or name change must be processed in Human Resources

OLD/REMOVE INFORMATION

Name (F,M,L) _____ Phone:() _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

NEW/ADD INFORMATION

Name (F,M,L) _____ Phone:() _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Please Check ALL that Apply:

- | | |
|--|---|
| <input type="checkbox"/> Legal Home Permanent Address Change (LHP) | <input type="checkbox"/> Other Names Used: _____ |
| <input type="checkbox"/> Local Address Change (LOC) | <input type="checkbox"/> Change in Marital Status to: S M D |
| <input type="checkbox"/> Billing Address Change (INV) | Preferred Mailing Address? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | Preferred Residence? <input type="checkbox"/> YES <input type="checkbox"/> NO |

This change cannot be processed unless the following information is complete. For name change requests, please include a copy of your **updated driver's license, marriage license/certificate or divorce decree**. If you are changing your permanent address from an out-of-state address to a Virginia address, you must provide **documentation verifying legal in-state residence, such as a copy of your valid Virginia driver's license**.

Have you applied to graduate this semester: YES NO

Signature: _____ Date: _____

ID#: _____