



CHANGE OF ADDRESS OR NAME

Name: Last _____ First _____ Middle _____ Date: _____

Social Security # (optional) _____ SHU ID#: _____

New Address

Street: _____

City/State/ Zip: _____

Phone: _____

Name Change

New: Last _____ First _____ Middle _____

Signature: _____

Must provide proof: Copy of driver's license, SS card, marriage license, or divorce decree.

***If you are an employee of SHU, work study, or student on payroll,
you must report name and address changes to the Payroll Office.***

Return this form to:

Office of Financial Services and the Registrar, 1 Seton Hill Drive, Greensburg PA 15601

Admin 104 Phone 724-830-1010 Fax: 724-830-1194 Email: helpfinreg@setonhill.edu