

**Texas Wesleyan University
NAME/ADDRESS CHANGE FORM**

Faculty _____ **Staff** _____

SS# _____ **Date of Birth:** ___/___/___

Name (Last, First, Middle): _____

Maiden or Previous Name: _____

Address: _____

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

Home Phone: (____) _____ - _____ **Business Phone:** (____) _____ - _____

Signature: _____ **Date:** _____

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