



CHANGE OF ADDRESS FORM
Human Resources, Payroll
and State Insurance Group

Return form to **Human Resources Office:**

100 Campus Drive, Weatherford, OK 73096 | HAB 107 | Fax 580.774.7110

Effective Date: _____

Employee Name _____ **SWOSU ID#** _____

ADDRESS (complete local and permanent)

Local

Address

City ST Zip

Permanent

Address

City ST Zip

Phone Number (Home) (_____) _____ - _____

Phone Number (Cell) (_____) _____ - _____

Employee's Signature

Date