



**DEPARTMENT OF ADMINISTRATION
CHANGE OF ADDRESS FORM**

DEPARTMENT OF: _____

DIVISION NAME: Bluefield State College

EFFECTIVE DATE: _____

OLD ADDRESS

EMPLOYEE NAME:	
ADDRESS:	
STREET:	
CITY:	COUNTY:
STATE:	ZIP:
TELEPHONE:	

NEW ADDRESS

EMPLOYEE NAME:	
ADDRESS:	
STREET:	
CITY:	COUNTY:
STATE:	ZIP:
TELEPHONE:	

AGENCY SIGNATURE

DATE

DEPARTMENT OF ADMINISTRATION

DIVISION OF PERSONNEL

PROCESSED DATE: _____

PROCESSED DATE: _____

SIGNATURE _____

SIGNATURE _____