

# University of Missouri

## CHANGE OF ADDRESS/TELEPHONE NUMBER

Columbia      Hospital      Kansas City      Outreach & Extension      Rolla      St. Louis      UM System

\$ F W L Y H ( P S O R ) ~~Retiree~~

PLEASE PRINT OR TYPE

1. Effective Date	2. EmplID	3. Employee 5 H W L U H H Name (Last, First, Middle)	4. Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Miss. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
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5. Home Address (Local Address):

Street or P.O. Box Number	City	State	Zip Code	County
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6. Mailing Address (Only provide if different than above):

Street or P.O. Box Number	City	State	Zip Code	County
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7. UM Work Address

Room Number and Building Name				
Street or P.O. Box Number (If Applicable)	City	State	Zip Code	County

8. Telephone Numbers:

Home Telephone Number (Main) (       )	UM Work Telephone Number (       )	( P D L O D G G U H V V
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9. Employee/Retiree's Signature	Date	10. Check if you want to restrict release of home address and telephone number. <input type="checkbox"/>
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Email: [hrservicecenter@umsystem.edu](mailto:hrservicecenter@umsystem.edu)

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 Columbia, MO 65211