

Address Change Form



Return this form to the Office of Human Resources, Gustavus Adolphus College.

Employee Information

Employee Name

Gustavus ID#

Date of Change

Previous Address

Address, City, State, Zip

Street

Phone

☐ Mobile

☐ Landline

New Address

Address, City, State, Zip

Street

Phone

☐ Mobile

☐ Landline

If you are enrolled in medical, dental, vision or legal benefits through the College, your address will be updated with these vendors. Please make the appropriate changes with TIAA for your 403(b) retirement savings and with any other pertinent vendors.

Employee Signature

Date