



Human Resources Department

CHANGE OF ADDRESS FORM

SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP CODE:** _____

PHONE NUMBER: _____

I HEREBY AUTHORIZE LUNA COMMUNITY COLLEGE TO CHANGE MY ADDRESS AS INDICATED ABOVE.

SIGNATURE: _____

DATE: _____

LCC USE ONLY:

ENTERED BY: _____

DATE: _____