



*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:** \_\_\_\_\_