EDMC
Education Management Corporation

Employee Address / Name Change Form

For HR Use Only

Emp ID: _____ Process Level: _____

For Employee Completion

School Name: _____ Effective Date: _____

Use this form to change your name, mailing address or street address for state, city and local tax changes as well as paycheck and Form W-2 delivery. Check all that apply.

_____ Address Change - Tax Information Change (can't be P.O. Box address – Lawson Supplemental)
_____ Address Change - No Tax Change (includes terminated employees – Lawson Home)
_____ Name Change - Include Copy of New Social Security Card (www.irs.gov)

Name: _____
Last Name First Name M.I.

Current Information:

Choose all that apply:

_____ Address (resides & pays taxes)
_____ Mailing Address

Street Address

City State Zip

Township/City

County

School District

Phone Number

New Information:

Choose all that apply:

_____ Address (resides & pays taxes)
_____ Mailing Address

Street Address

City State Zip

Township/City*

County*

School District*

Phone Number

* If you are unsure of your Township/City, School District or County, please contact your local municipality.

Employee Signature: _____ Date: _____