

The Texas A&M University System
Change of Address Form

HR 183
(11/01)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (please print)

Social Security number or UIN

Current mailing address (or previous if you have already moved)

Street/P.O. Box

City

State

ZIP

Home telephone number

New mailing address

Street/P.O. Box

City

State

ZIP

Home telephone number

New residential address (if different from mailing address)

Street

City

State

ZIP

Effective date and signature

This new mailing address and telephone number will become effective on _____ date.

Signature

Date