



**PRESIDENT'S OFFICE  
ADDRESS AND PERSONAL DATA CHANGE FORM**

**NAME** \_\_\_\_\_  
Please Print Employee ID# \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_  
Effective Date \_\_\_\_\_

**ADDRESS CHANGE TO:**

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone Number

**NAME CHANGE TO:** \_\_\_\_\_  
*(Legal document showing new name must be provided)*

**Change in Marital Status to:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

- *If you are changing your family status (due to marriage, divorce, etc.) and wish to to change the beneficiaries for your life insurance or state retirement fund, please contact Human Resources for the Change of Beneficiary forms.*
- *To change your tax exemptions, please complete new federal and state tax forms.*

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Return completed Form to:**

**Human Resources Office  
333 South Street, 4<sup>th</sup> Floor  
Shrewsbury, MA 01545**

**Or Fax 774-455-7574**