



STUDENT WORKER PROGRAM
HARRIS-STOWE STATE UNIVERSITY
 3026 LACLEDE AVE., HGA #004, ST. LOUIS MO 63103 (314) 340-3507
CHANGE OF CONTACT INFORMATION

FORM SWP9	ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.
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This form is to be completed by the Student Worker any time a change of address needs to be made. It is recommended that the address is updated as soon as it has changed in order to ensure mail delivery to the accurate address. The information collected on this form is updated on the paperwork submitted to the Payroll Department.

STEP 1: STUDENT WORKER IDENTITY

FULL NAME:		HORNET ID:
HORNET MAIL ADDRESS: <div style="text-align: right;">@hornets.hssu.edu</div>		LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER:

STEP 2: REQUEST DETAILS

What contact information is being changed?	Mailing Address	Phone Number
When will this change go into effect?	Immediately	As of _____

STEP 3: OLD CONTACT INFORMATION

STREET NUMBER:	CITY, STATE, ZIP CODE:
PHONE NUMBER (AREA CODE FIRST): () -	PHONE SOURCE: <div style="text-align: center;">Home Cell Other</div>

STEP 4: NEW CONTACT INFORMATION

STREET NUMBER:	CITY, STATE, ZIP CODE:
PHONE NUMBER (AREA CODE FIRST): () -	PHONE SOURCE: <div style="text-align: center;">Home Cell Other</div>

In order to ensure this document is completed by the party in which it identifies, original signatures in blue or black ink are required. Please submit the completed form to the Office of Financial Assistance for processing.

Student Worker Signature: _____ **Date:** _____