HOWARD UNIVERSITY

Office of Human Resources

Change of Address Form

Please complete this form to provide Howard University Office of Human Resources with your current personal information. Allow up to 90 days for the change to be reflected on all participant systems.

Name: _____
(Last) (First) (Middle)

Note: If you have had a legal name change attach documentation to this form.

Address:

_____
(Street)

_____
(City) (State) (ZIPCODE)

SSN (Last 4): ☐☐☐☐ **Date of Birth**: _____/_____/_____ **Phone Number**: ( ) -

Email Address: _____

Printed Name: _____ **Signature**: _____ **Date**:_____

Completed forms may be mailed to the following address:

University Employees	Hospital Employees
Mailing Address: Howard University Office of Human Resources 2244 10th Street, NW Suite 413 Washington, DC 20059 Email: RetirementHU@howard.edu	Mailing Address: Howard University Hospital Office of Human Resources 2041 Georgia Ave, NW Suite 2038 Washington, DC 20060 Email: Retirement@huhosp.org