

**Western New England University**  
Springfield, Massachusetts

Address Change Authorization Form

Please check one:

Today's Date: \_\_\_\_\_

\_\_\_\_ Faculty

\_\_\_\_ Exempt

\_\_\_\_ Non-Exempt

\_\_\_\_ Temporary

Department \_\_\_\_\_

.....

Name (please print):

\_\_\_\_\_

Previous Address:

New Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Telephone (\_\_\_\_) \_\_\_\_\_

New Telephone (\_\_\_\_) \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

Signature \_\_\_\_\_