



7900 West Division Street
River Forest, IL 60305

CHANGE OF CONTACT INFORMATION

Name: _____
Last *First* *MI*

DU (Jenzabar) ID# _____

Please change my address:

New

Address: _____
Street *Apt.*

_____ *City* *State* *Zip*

Please change my personal email address: _____

Please change my phone number(s)

Home Phone
area code

Cell Phone
area code

Signature *Date*

HR USE ONLY

Payroll (circle one): FACULTY STAFF STUDENT

- Entered into Paycor (Med & Dent auto updated)
- Address changed in Jenzabar
- Update on PayFlex website
- Update on TIAA website

BY _____ (HR Initials) ON _____