



COMMUNITY COLLEGE
system of New Hampshire

ADDRESS CHANGE FORM
(Please print)

CCSNH Institution (check one):

SYS
NCC

GBCC
NHTI

LRCC
RVCC

MCC
WMCC

Employee Name:

_____ Last First MI

Effective Date: _____ **SSN (last four digits):** XXX-XX-_____

POSTAL MAILING ADDRESS (PM): _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Listed** _____ **Unlisted** _____

NOTE: Employee is responsible for contacting retirement vendor(s) with address change (NHRS and/or FIDELITY).

Only use if residence address is different than Postal Mailing address.

RESIDENCE ADDRESS/RA (Note: DO NOT use a PO BOX)

SUBMIT COMPLETED FORM TO YOUR HUMAN RESOURCES OFFICE