

**Request to Change Mailing Address**  
*(Please send completed form to Payroll, Thompson University Center)*  
University of Oregon  
Payroll Office  
PO Box 3237  
Eugene, OR 97403-0237

**Identification**

UO ID \_\_\_\_\_ Name \_\_\_\_\_  
Last First Middle  
Email \_\_\_\_\_ Telephone \_\_\_\_\_

**New Mailing Address**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Comments**

**Authorization**

	Signature	Date
Employee		