



CHANGE OF ADDRESS FORM
Human Resources

Name: _____

ID: _____

Department: _____

New Address: _____

Home Telephone: _____

Work Telephone: _____

- Representative:**
- Katrina Watson
 - Michelle Summers
 - Diana Corder
 - Tami Watlington

(Cut on dotted line)

Please schedule an appointment with your representative to change your address with the benefit companies. Your signature is required to change your address information.

You may call the Human Resources office at 972-3454 or email your representative to the address below:

Katrina Watson – klwatson@astate.edu

Michelle Summers - msummers@astate.edu

Diana Corder – dcorder@astate.edu

Tami Watlington – twatlington@astate.edu