

BARD COLLEGE CHANGE OF ADDRESS FORM

Enter CHANGES only – if information is unchanged, leave blank:
PLEASE MAKE SURE YOU WRITE DOWN YOUR NAME AND **BARD ID** NUMBER.

- If you are changing your NAME – you **must** provide new identification to Human Resources (social security card is usually required)
- If you are receiving College-sponsored benefits, you will need to update your address with benefit providers through the Benefits Portal: www.bard.edu/employment (click on Benefits Portal)

Bard **ID** Number:

Last Name: _____ Extension: _____

New Last Name: _____

First Name: _____ Middle Name: _____

Title: _____

Office Location: _____

Office Address: _____

Office City: _____ Office State: _____ Office Postal Code: _____

Office Email 1: _____ Office Email 2: _____

Office Fax: _____

Home Address: _____

Home City: _____ Home State : _____

Home Postal Code: _____ Home Phone: _____

Home Fax: _____

Cell Phone: _____

Significant Other: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Effective date of change: _____