



UNIVERSITY OF
TORONTO
SCARBOROUGH

Human Resource Services
1265 Military Trail, Room B526C/D
Toronto, Ontario, M1C 1A4

ADDRESS CHANGE FORM
(PLEASE PRINT)

First Name _____ Last Name _____
Personnel No. _____ SIN No. _____
U of T Phone No. _____ Effective Date _____
Department/Division _____

Please complete and return the form to Human Resource Services (Room B526C/D).

Home Address and Telephone

Address _____ Apt. No. _____
City _____ Province _____ Postal Code _____
Home phone number _____
Business phone number _____
Cell phone/pager number _____
Email Address _____

Signature Date