



CWU Payroll Department

Mitchell Hall



CHANGE OF ADDRESS

Students Only

Last Name _____ First Name _____ MI _____

CWU ID _____ SS# (optional) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

I certify that the above changes are correct and I realize that my W2 will be sent to this address.

Signature _____ Date _____

Return Original To:

CWU Payroll Office
Mail Stop 7479
2nd Floor, Mitchell Hall
400 East University Way
Ellensburg, WA 98926
(509) 963-2221