



Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362

Address Change Form

Employee type:

Student

Hourly

Classified

PT Faculty

FT Faculty

Exempt/Admin

New Address

SID # _____

Last Name _____

First Name & M.I. _____

Street _____

City _____

State & ZIP _____

Phone # _____

Do you wish to receive your W-2 at the above address? **Yes** **No**
Complete below if you checked No

Street _____

City _____

State & Zip _____

Signature _____ **Date** _____