



Name and Address Form

Office of Human Resources

ENMU Station 21 • Phone: 575.562.2115 • Fax: 575.562.2547

www.enmu.edu

Personal Information

ID number: _____ Date: _____

Name: _____ New legal name: _____

Preferred name: _____ Prefix (circle one): **Dr.** **Ms.** **Mr.**

Note: If you have a name change, you must complete a new I-9 and W-4 form.

Campus Address (LC)

Station no.: _____ Building: _____ Room no.: _____ Office: (575) 562- _____

Home Mailing Address (MA)

Address line 1: _____

Address line 2: _____

City: _____ State: _____ ZIP code: _____

Home phone: _____ Cell phone: _____

Employee signature: _____ Date: _____