

*Unique Employment Services*  
**Change of Address Request Form**

I, \_\_\_\_\_ request that my address be changed to the following:

SSN: \_\_\_\_\_ Name: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax to: *Unique Employment Services*  
Attention: Temporary Division  
Fax 361.851.2931

**OR**

Regular Mail to: *Unique Employment Services*  
4646 Corona, Suite 105  
Corpus Christi, Texas 78411

**Office Use Only Below This Line**

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_