

# PERSONAL DATA CHANGES

PLEASE TYPE OR PRINT

NAME: \_\_\_\_\_

DEPT: \_\_\_\_\_

SO# or SSN: \_\_\_\_\_

**SECTION I:** Change or Correction of Name (Social Security card required for name change)

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

REASON: \_\_\_\_\_

**Current Marital Status** (Check One)

Married \_\_\_\_\_

Single \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

**SECTION II:** Change of Address

EFFECTIVE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

**SECTION III:** Change in Emergency Contact Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

PHONE: (\_\_\_\_) \_\_\_\_\_

**Section IV:** Departmental Changes

MAIL STOP: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_