

CHANGE OF INFORMATION FORM

SSN:	EMPLID:	MARITAL STATUS (Single, Married, Divorced, etc):
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NAME AS CURRENTLY SHOWN ON RECORDS

FIRST:	MI:	LAST:
PREFIX (Mr., Ms., Dr., etc):	SUFFIX (Sr., Jr., Ph. D., etc.):	NEW NAME:

NEW HOME ADDRESS

STREET:	APT #:	
CITY/TOWN:	STATE:	ZIP:

NEW MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

STREET:	APT #:	
CITY/TOWN:	STATE:	ZIP:

NEW CONTACT INFO

HOME PHONE:		CELL PHONE:
HOME EMAIL:		OTHER EMAIL:

FOR RECORDS OFFICE USE ONLY

INIT		DATE
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