INDIANA UNIVERSITY – CHANGE FORM, PERSONAL DATA

Check type of appointment: ❏ Academic (Includes Resident Interns) ❏ Staff ❏ Former Employee
❏ Student Academic ❏ Hourly

Current Name on File: _____
Last   First   Middle

University ID# _____ (your 10-digit Employee ID) Last four digits of Social Security Number _____

Check approprite section below, then provide updated information

❏ **Legal Name/Social Security Number Changes:** These changes must be verified at a university office. Legal documentation to support the change is required. Submit copy of social security card, marriage certificate, or official court document granting name change.

Legal Name: _____
Last   First   Middle   Suffix

Note: Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you **must** update your records with that office.

Social Security Number:_____-_____-_____ (complete only if submitting or correcting SSN)

❏ **Marital Status/Date of Birth Changes:** Indicate updates, changes, or corrections to Marital Status or Date of Birth in this section. If making a change to Date of Birth, you will need to provide documentation that shows your correct Date of Birth. Please remember that if your change is to Marital Status, you may also need or want to make a corresponding change to your benefit coverage.

Please include Marital Status: _____ S (Single) _____ M (Married)   **Date of Birth:** _____

❏ **Address/Emergency Contact Changes**

Preferred Name: _____
Last   First   Middle   Suffix

Home Address: _____ _____
Street   (Apt#)

_____ _____ _____-_____-_____
City   State   Zip Code   Country   Phone

Note: Home address is used for mailing payroll checks, tax information including W2s, and tax reporting to the IRS. All benefit enrollment information (for eligible employees) and faculty mailings are sent to this address. This is your legal residence.

Mailing Address: _____ _____
Street   (Apt#)

_____ _____ _____-_____-_____
City   State   Zip Code   Country   Phone

Note: Mailing Address is used for a temporary residence (e.g. student campus or faculty sabbatical residence, etc.) or P.O. address.

Emergency Contact:

Name: _____
First   Middle   Last

Address: _____ _____
Street   (Apt#)

_____ _____ _____
City   State   Zip Code

_____-_____-_____ _____ _____-_____-_____ _____
Phone   Type (home, cell, work)   Other Phone   Type (local, campus, cell, pager, non-IU work)

Signature: _____ **Date:** _____

Departments: Academic appointment forms should be submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms should be submitted to the campus Human Resource Office.

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❒ **Experience/Education Changes:** Provide only additions to information previously provided (Academic and Staff employees only).

PRINT NAME: _____

Prior Work Experience

Dates of Employment From - To	Employer	Country	City	State	Ending Positon Title

Professional Education

Country	Degree	Date Aquired	Date Expected	Major	School	State

Licenses and Certifications

License	Issue Date	License #	Issued By	Expiration Date

Honors and Awards

Honor or Award	Grantor	Issue Date

Signature: _____ **Date:** _____

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