

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

Social Security Number: _____ - _____ - _____ University ID#: _____
(Please include SSN currently on file) (Located in upper middle box of paycheck advice-Employee ID#)

Check appropriate section below, then provide updated information.

SECTION 1: 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 different from SSN in top section)

SECTION 2: 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: _____

SECTION 3:
Preferred Name: _____
Last First Middle Suffix

Home Address: _____
Street (Apt#)
City State Zip Code Country Phone

Note: Home Address is used for mailed 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.

Campus Address: _____
Dept/ORG code Building/Room Street
City State Zip Code Campus Phone

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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SECTION 4: 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 Position Title

Professional Education

Country	Degree	Date Acquired	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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