

CHANGE OF PERSONNEL INFORMATION

WHAT YOU NEED TO KNOW BEFORE YOU BEGIN

- Use this form to update or change your personnel information on file.
- Personnel information is defined as Name, Address or Telephone.
- An updated W-4 form should be completed and submitted with this form.
- A copy of an updated Social Security Card is required for name changes only.
- Return completed form to the Business Office

PART 1	PERSONAL INFOR	MATION – PLI	EASE C	OMPLI	ETE ALL FIEI	LDS			
Last Name	ast Name First		Name			Middle Name or Initial			
Street Address Apar		Apartment/Build	rtment/Building City		(State	Zip Code	
Email Address		Telephone Numb Home Cell	per(s)						
PART 2	REQUESTED CHA	NGES – COME	PLETE T		ELDS YOU W	OULD L	IKE UP	DATED	
□ NAME CHA	ANGE								
Last Name		First Name	First Name			Middle Name or Initial			
□ ADDRESS (CHANGE								
Street Address	Apartment/	Apartment/Building City			State		Zip Code		
□ EMAIL ADI	□ TELEPH	□ TELEPHONE NUMBER(s) CHANGE							
	Home Cell								
	AGREEMENT AND								
Signature (requi		irm and within any att	d within any attached documentation is accurate and free Date						
PART 4	FOR OFFICE USE (ONLY							
Yes / No		Copy of Social Security card provided for name change requested on this form.						Staff Initials:	
Yes / No		on updated W-4 provided for the change(s) requested on this form.						Staff Initials:	
Yes / No	Changes have been made as requested.						Staff Initials:		
Staff Signature:	_	Date:							