

INDIANA UNIVERSITY – CHANGE FORM, PERSONAL DATA

Check type of appointment:	<input type="checkbox"/> Academic (Includes Resident Interns)	<input type="checkbox"/> Staff
	<input type="checkbox"/> Student Academic	<input type="checkbox"/> Hourly
Current Name on File:	_____	
	Last	First Middle
Social Security Number:	____ - ____ - ____	or University 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 must be made available (examples of documents may include social security card, marriage certificate, official court document granting name change).

Legal Name: _____
Last First Middle Suffix

Social Security Number (National ID in PeopleSoft): ____ - ____ - ____

SECTION 2: Indicate updates, changes or corrections to Marital Status or Date of Birth in this section. If making a change to Birthdate, 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.

Marital Status (Single or Married): _____ **Date of Birth:** _____

SECTION 3:

Preferred Name: _____
Last First Middle Suffix

Home Address: _____
Street (Apt#)

City State Zip Code Country Phone ____ - ____ - ____

Mailing Address: _____
(if different from Home Address) Street (Apt#)

City State Zip Code Country Phone ____ - ____ - ____

Office Mailing Address: _____
Street Building/Room

City Zip Code State

Emergency Contact: Name: _____
First Middle Last
Address: _____
Street (Apt #)

City State Zip

Phone ____ - ____ - ____ Other Phone (example: Cell Phone) ____ - ____ - ____

Signature: _____ **Date:** _____

Departments: Academic appointment forms are submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms are 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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