Personal Information Update
(Please Print Legibly)

Employee Status:

☐ **Staff**

☐ **Faculty**

☐ **Student Worker (Grad/Undergrad)**

Requested Change:

☐ **Name**

☐ **Social Security Number**

☐ **Birthdate**

☐ **Other**

Peoplesoft ID		Department	

CURRENT:

Last Name		First Name		MI	
Social Security #		Birthdate			

REQUESTED CHANGES:

Last Name		First Name		MI	
Social Security #		Birthdate			
Other (Please Specify)					

I certify that the above information is true and correct.

Signature		Date	

Please attach a copy of the documentation supporting the changes requested above. (For example, a driver's license or Social Security Card.) If you have any questions please contact the HR Service Center at 713.743.3988.

Fax this completed form and documentation to:

HR Service Center
Fax #: 713.743.4830

HR Service Center use only:

Human Resources: _____ Date: _____