



**Personal Data Record/Change Form**  
 Identifying personal information is treated confidentially.

Name (required)	
To execute a name <u>change</u> you must bring in an original social security card bearing the new name	
Name:	Social Security Number:
Name (change to) :	HU Employee ID #: _____ Date of Hire: _____ Date of Birth: _____

Address (please print CLEARLY)			
Home street address			
City:	State:	Zip:	County:
Home phone:	Other phone:	Email:	
Emergency contact person:		Relationship:	
Contact's address:		Contact's phone:	

Marital Status Information	
(Used for Benefit purposes)	
If requesting a change: You must bring in original documentation: marriage license, divorce decree, separation document, or death certificate	
<input type="checkbox"/> single <input type="checkbox"/> legally married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> legally separated	Spouse Name: _____ Spouse date of birth: _____ Soc sec #: _____ Effective date: _____

Family Information <u>Change</u> Only			
(Used for Benefit purposes)			
You must bring in documentation: birth certificate, court documents, adoption papers, etc.			
dependent child <input type="checkbox"/> Add <input type="checkbox"/> Drop	name: _____	<input type="checkbox"/> daughter <input type="checkbox"/> son	date of birth: _____ soc sec # _____
dependent child <input type="checkbox"/> Add <input type="checkbox"/> Drop	name: _____	<input type="checkbox"/> daughter <input type="checkbox"/> son	date of birth: _____ soc sec # _____

Change In Education Information			
Attach documentation: official transcript			
degree	institution, city, state, country	major field of study	yr degree awarded

Statement of Release: I hereby authorize release of any information other than salary to anyone who may call for employment verification.	
SIGNATURE: _____	DATE: _____