

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 <u>change</u> : 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: _____

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