

Personal Information Change Form

All personal information obtained on this form will be held confidential by the Human Resources Office

EFFECTIVE DATE:

CAMPUS USE ONLY

Global SUNY ID: _____

NYS Employee ID: _____

Local Campus ID: _____

EMPLOYEE INFORMATION

NAME: _____
Last First Middle

Campus Local ID or Last 4 of Social Security Number: _____

PHONE NUMBER CHANGE

Work Phone: _____

* Cell and Home phone numbers should be updated through Self Service.

NAME CHANGE

Copy of Social Security Card must be provided to your Human Resource office for any legal name changes and the change must match the name on the SS Card

Legal Name: _____
Last First Middle

Chosen Name: _____
Last First Middle

Reason for change: Correction Marriage Other

DEMOGRAPHIC CHANGE

Date of Birth: _____ (MM/DD/YYYY)

US Citizen:

If no:

Non-Citizenship Type: .

Country of Citizenship:

Country of Birth:

Visa Type:

Visa Expiration Date:

GENDER

State:

Federal:

(Federal requirements mandate the use of F (Female) or M (Male) categories when reporting on gender. Please choose which gender marker you would like to use for federal reporting purposes).

Do you identify as a member of the LGBTQI+ community?

Disability Status

Ethnicity

Hispanic:

Race (select all that apply):

If Asian:

If Pacific Islander:

Language

What is the primary language spoken in your home?

Veteran Status

Protected Veteran Status:

Military Status

Military Separation Date (if applicable):

Highest Education Level

Degree Award Date:

Specialization:

Country Degree Obtained:

US

Other

University City:

University State:

University Name:

*Your transcript must be provided to your Human Resources Office along with this form.

Highest Degree

Pending Degree

Terminal Degree

Please check all that apply:

If Pending Degree, Expected Completion Date:

(MM/DD/YYYY)

By signing below, I am authorizing the HR office to make the noted changes to my personnel record. I understand that depending on the changing being requested, additional action and/or documentation may be required prior to the changes being made.

Signature:

Date:

*Completed form should be sent to your Human Resources Office.

Approved By: _____

Date _____

Entered: _____ (MM/D/YYYY)