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: Choose an item
If no:
Non-Citizenship Type: Choose an item

Country of Citizenship: Choose an item.

Country of Birth: Choose an item.

Visa Type: Choose an item.

Visa Expiration Date:

GENDER

State:
Choose an item

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).

Choose an item

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

Choose an item.

Disability Status

Choose an item.

Ethnicity

Hispanic:
Choose an item.

Race (select all that apply)**:**

American Indian and Alaska Native - A person having origins in any of the original peoples of the North and
Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian
Black or African American - A person having origins in any of the black racial groups of Africa
Native Hawaiian and Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam
White - A person having origins in any of the original peoples of Europe, the MiddleEast, or North Africa
Choose not to disclose

If Asian:
Choose an item.

If Pacific Islander:
Choose an item.

Language

What is the primary language spoken in your home?

Choose an item.

Veteran Status

Choose an item.

Protected Veteran Status:
Choose an item.

Military Status

Choose an item.

Military Separation Date (if applicable):

Highest Education Level

Choose an item.

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.

Please check all that apply:
Highest Degree
Pending Degree
Terminal Degree

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)