

It is important to note that the Institute uses a centralized database to track its students, faculty and staff. Changes made using this form will affect all of your official records.

Block print all information. All information in Section A must be entered and this form must be signed and dated.

## Section A. Identifying Information

Today's Date	Current Social Security Number
Current Last Name Of Record	Current First Name Of Record

Please Update My Personal Information As Follows: (Complete only sections that apply; do not fill in sections that have not changed.)

Section B. Name Change						
L	_ast Name		MI	First Name		
Attach appropriate legal documentation.						
Section C. Social Security Number Change						
Social Security Number						
Attach appropriate legal documentation.						
Section D. Address Change						
Street Address						
Apt./Suite/Floor						
City						
State			Zip Cod	e		
Telephone Number	( )					
Please note: If you move to another state you may be required to complete a revised W-4 form. Please contact payroll for instructions.						
I authorize the Institute to make the changes indicated above and have provided the needed legal documentation where applicable.						
Date Signed Signature			Signature			

White to Personnel File Pink to Payroll