

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