

The City University of New York

CUNY SCHOOL OF LAW

Law in the Service of Human Needs

Personal Data Change Form

This Form Must Be Filled Each Time Your Address Change

It is the responsibility of the employee to update their personal data. Submit a completed form to the Human Resources / Payroll Office at 5-109. Please type or print with blue ink.

CIRCLE ONE: Dr. / Mr. / Mrs. / Ms.

Last Name, First Name, Initial	Social Security Number:
Date of Birth:	Current Official Title:
Current Dept. Name / Phone #:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

New Name Change: (Must submit official documentation)		
Last Name	First Name	Initial
New Permanent Address		New Home Phone Number
City	State	Zip Code
		Alternate Phone Number
Newly Acquired Degree (Must submit official documentation)		
Degree _____		Field _____
Institution _____		Date Concurrred _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____

Address _____

Day Phone #: _____ Alternate Phone #: _____

Employee's Signature: _____ Today's Date _____