



OFFICE OF HUMAN RESOURCES

## PERSONAL INFORMATION CHANGE CARD

Name: \_\_\_\_\_ Salutation: Mr.  Mrs.  Ms.  Dr.   
(First) (M.I.) (Last) (Please Check One)

Banner Number: \_\_\_\_\_ Department: \_\_\_\_\_

**COMPLETE FOR NAME CHANGE**  
*Please contact the Office of Human Resources*

Name: \_\_\_\_\_ Salutation: Mr.  Mrs.  Ms.  Dr.   
(First) (M.I.) (Last) (Please Check One)

Preferred First Name: \_\_\_\_\_

**SPOUSE OR DOMESTIC PARTNER**

Name: \_\_\_\_\_ Salutation: Mr.  Mrs.  Ms.  Dr.   
(First) (M.I.) (Last) (Please Check One)

**COMPLETE FOR ADDRESS/PHONE NUMBER CHANGE**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date Effective: \_\_\_\_\_