



CHICAGO STATE UNIVERSITY

Personal Information Change Form (PLEASE PRINT CLEARLY)

Please complete this form to update the information we have on file for you. This form is also available on the Human Resources website at <http://www.csu.edu/humanresources/formsDocuments.htm>

UID NUMBER: _____

NAME: _____
(First Name) (M.I.) (Last Name)

If Name Change:

NEW NAME: _____
(First Name) (M.I.) (Last Name)

IMPORTANT: Legal proof of name change MUST be attached to this form

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

PERSONAL EMAIL ADDRESS: _____

Employee Signature

Date

Human Resources Office Use Only
Entered by: _____
Date: _____

Office of Human Resources
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F 773.995.2942