CHICAGO STATE UNIVERSITY

1867

# 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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