

Emory University Human Resources
PERSONAL INFORMATION CHANGE FORM

*Please PRINT CLEARLY and sign and date at the bottom of the form.
Return to Human Resources, Data Services at 1599 Clifton Road, Atlanta, GA 30322
Except for NAME Changes, you may fax the form to (404)727-4008*

Type of Change (check all that apply)

Name

Required to be brought in person to Human Resources Data Services, M-F, 8am -5pm

1. New tax forms (W-4 and G-4) (no faxes or copies, no cross-outs or corrections)
2. Official, government-issued picture ID with new name (i.e.: state ID, passport, driver's license, or military ID)
3. Copy of new Social Security Card reflecting the name change or a **copy of the receipt** from Social Security confirming an application for a new card
4. I-9 (with two of the sections completed; Section 1 with the OLD name; Section III with the new name). Section II must be completed by a Human Resources Data Services staff in your presence.

Emergency Contact

Telephone

Address

Marital Status

Change of Gender (check one) Male to Female Female to Male

Employee Name (Example: Smith, Jane A.) _____

New Name (Example: Jones, Jane S.) _____

Social Security Number/Employee ID _____

Employee Home Phone (with area code) _____

Local Street Address _____

City, State, Zip Code (& Country if not US) _____

- Does this address update also apply to W-2 mailings? (check one) Yes No

Emergency Contact (Example: Jones, John B.) _____

Emergency Contact Phone Number (with area code) _____

Marital Status Married Divorced Separated Single Widowed

Employee Signature _____ **Date** _____