

Personal Information Change Form

All personal information obtained on this form will be held confidential by the Human Resources Office
 Campus Use Only:

Effective Date of Change:

_____ (MM/DD/YYYY)

SUNY ID: _____
NYS Employee ID: _____
Local Campus ID: _____

Employee Information:

Name: _____
<div style="display: flex; justify-content: space-between;"> Last First M.I. </div>
Last 4 of Social Security Number: XXX-XX-

Phone Number Change:

Work Phone: _____
Cell and Home phone numbers should be updated through Self Service.

Name Change:

Legal Name: _____
<div style="display: flex; justify-content: space-between;"> Last First M.I. </div>
Alias: _____
<div style="display: flex; justify-content: space-between;"> Last First M.I. </div>
Reason: <input type="checkbox"/> Correction <input type="checkbox"/> Marriage <input type="checkbox"/> Other: _____
*A copy of your Social Security Card must be provided to your Human Resources Office with this form.
**Legal name change provided must match the name on your Social Security Card.

Demographic Changes:

Date of Birth	_____ MM/DD/YYYY
U.S Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No:	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Conditional Permanent Resident <input type="checkbox"/> Non-Citizen w/Visa <input type="checkbox"/> Non-Citizen living and working outside US <input type="checkbox"/> Other <input type="checkbox"/> Refugee or Political Asylum
Country of Citizenship:	_____
Country of Birth:	_____
Visa Type: _____	Visa Exp Date: _____ MM/DD/YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (select all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islanders <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> White

****Should you have changes/additions to any address types other than your Legal address, please contact your Human Resources Department.**

Disability Status	<input type="checkbox"/> Yes, I have a disability (or previously had a disability) <input type="checkbox"/> No, I don't have a disability <input type="checkbox"/> I don't wish to answer
Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran Types	<input type="checkbox"/> Active Duty Wartime or Campaign Badge Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Armed Forces Service Medal Vet
Military Status: (select one or more)	<input type="checkbox"/> None <input type="checkbox"/> Active Reserve <input type="checkbox"/> National Guard Active <input type="checkbox"/> Active Military Duty
Military Separation Date (if applicable)	_____ MM/DD/YYYY

Highest Education Level:

<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Degree
<input type="checkbox"/> Less Than High School <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> High School, some additional training
<input type="checkbox"/> Professional Degree <input type="checkbox"/> Some Graduate Work <input type="checkbox"/> Technical School
Degree Award Date: _____ Specialization: _____
Country Degree Obtained: <input type="checkbox"/> US <input type="checkbox"/> Other: _____
University City: _____
University State: _____
University Name: _____
*Your transcript must be provided to your Human Resources Office along with this form
Please check all that apply: <input type="checkbox"/> Highest Degree
<input type="checkbox"/> Pending Degree- Expected Completion Date: _____ MM/DD/YYYY
<input type="checkbox"/> Terminal Degree

By signing below, I am authorizing the HR office to make the noted changes to my personnel record. I understand that depending on the change being requested, additional action and/or documentation may be required prior to the changes being made.

Signature Date

*Completed form should be sent to your Human Resources Office.