

Edinboro University of Pennsylvania

EMPLOYEE INFORMATION CHANGE FORM

(Please Print)

Soc Sec Number: _____ Personnel Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Please update your information in the area below. You need to only complete the section(s) that need changed.

	Last	First	MI
Name Change: <small>(Present your new Social Security Card for verification)</small>	Former Name:		
	New Name:		

Title Change: Dr. Mr. Mrs. Ms. Miss Other _____

Address Change: <small>(Complete information to right AND choose the address type(s) to be changed below)</small>	Street: _____ Apt No: _____ City/State: _____ Zip Code _____ County: <input type="checkbox"/> Crawford <input type="checkbox"/> Erie <input type="checkbox"/> Other _____ Municipality: _____ <input type="checkbox"/> Township <input type="checkbox"/> Boro <input type="checkbox"/> City
<input type="checkbox"/> Permanent <small>(cannot be a PO box)</small> <input type="checkbox"/> Mailing (can be a PO box) <input type="checkbox"/> Bond Address <small>(Should also be changed)</small>	

Phone Number Change:	()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted
Other Phone Number Change:	()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Unlisted

Emergency Contact Change: <small>(Primary Contact)</small>	Name: _____ Relationship: _____ Address: _____ City/State: _____ Zip Code: _____ Phone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (if applicable) Other Phone Number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
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Degree Information Change:	Last Degree Earned: _____ Earned At Which University: _____ Date Degree Earned: _____
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Employee's Signature: _____ Date: _____

Please complete this form and return it to the Human Resources and Faculty Relations Office, 2nd floor of Reeder Hall.