



# EMPLOYEE AUTHORIZATION TO CHANGE PERSONAL DATA

PLEASE ENTER DATA **CURRENTLY** ON FILE:

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Department Phone /Ext. Number Social Security or Patron ID Number

PLEASE CHECK ALL THAT APPLY:  Current Employee  Full-time  Classified Staff  
 Previous Employee  Part-time  Faculty  
 Professional/Administrative

Enter **NEW NAME** information below. (May require a legal document.)

Salutation:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Last Name:				
First Name:				
Middle Name:				
Reason for Name Change:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Legal Action	
Effective Date:				

Enter **NEW ADDRESS** and/or **PHONE NUMBER** below.

Street Address:			
Apt. #, PO Box, etc.			
City:			
State:			
Zip Code:		Phone with area code:	
Effective Date:			

**NOTE: Employees with health care coverage whose personal data has changed must also complete a separate form for the insurance company. Please call YSU's Benefits Office at (330) 941-3748 to obtain a form. Thank you.**

\_\_\_\_\_  
Employee Signature (required) Date

**Please print, sign and send completed form to Human Resources for processing and distribution.**