

# PERSONAL INFORMATION CHANGE FORM

UCONN PAYROLL DEPARTMENT  
343 MANSFIELD ROAD, UNIT 2111  
STORRS, CT 06269-2111

Telephone: (860) 486-2423  
Fax: (860) 486-4296

**PLEASE TYPE OR PRINT – RETURN COMPLETED FORM TO THE PAYROLL DEPARTMENT**  
*Note: This form is not for use by Graduate Assistants (changes must be made through Student Administration)*

Last Name	First Name	M.I.	Employee #
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Check all that you are changing:

Address       Name       Marital Status       Emergency Contacts

## ADDRESS CHANGE

### Previous Address

Street Number & Name			
City	State	Zip Code	Telephone

### New Address

Street Number & Name			
City	State	Zip Code	Telephone

## NAME CHANGE *Note: You must provide a copy of your Social Security card with your new name.*

### Former Name

Last Name	First Name	M.I.
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### New Name

Last Name	First Name	M.I.
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## MARITAL STATUS CHANGE

Single       Married       Separated       Divorced       Widowed       Other \_\_\_\_\_

## EMERGENCY CONTACT CHANGE

### Primary

Name		Relationship	
Street Number & Name		City	
State	Zip Code	Home Telephone	Work Telephone

### Secondary

Name		Relationship	
Street Number & Name		City	
State	Zip Code	Home Telephone	Work Telephone

### Special Emergency Information

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**AUTHORIZATION**      I authorize my employer to make the appropriate changes to my employee data as noted on this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date