



PERSONAL INFORMATION CHANGE FORM

Please complete form for all pertinent sections and provide required documentation

NAME: _____

SOCIAL SECURITY NUMBER: _____

INDICATE ALL CHANGES YOU WISH TO MAKE:

- Allowances Changes (Complete Section I) [And new W4 Form](#)
- Name Change (Complete Section II) [And new W4 Form](#)
(Must provide copy of Social Security Card with new name)
- Address Change (Complete Section III) [And new W4 Form](#)
- FIU Location Change (Complete Section IV)
- Other (Complete Section V)

Note: For changes pertaining to Insurance/Retirement information, please contact the Benefits Section of Human Resources

SECTION I: Single Married Married Single Rate
Number of Federal Withholding Allowances: _____

SECTION II: Previous Name: _____
New Name: _____

SECTION III: New Address: _____
City: _____ State: _____ Zip: _____
New Phone #: _____

SECTION IV: Building: _____ Room: _____ Extension: _____

SECTION V: Indicate any other of the following changes:
Educational Degree _____ Date Received _____

Citizenship: _____

Emergency Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Relationship: _____

Signature: _____ Date: _____