



# Fordham University

## Personal Change Form

### Employee Information

Employee Name: \_\_\_\_\_

SSN/EID: \_\_\_\_-\_\_\_\_-\_\_\_\_

### Name Change/Marital Status/Social Security Number Change

*Please Note:*

- If the name change is a spelling or format correction, no additional documentation is required.
- To change your marital status for tax purposes, please fill out the payroll tax forms. This information is intended to update your marital status for Benefits and Human Resources demographic reporting purposes only.
- If the name and/or marital status change is an official change, then the appropriate documentation is required.
- Name changes will cause your current email address to change to reflect your current name.

☐ Social Security Card ☐ Marriage License ☐ Divorce Papers ☐ Court Order ☐ Other \_\_\_\_\_

New Name: \_\_\_\_\_

New Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Other \_\_\_\_\_

*Federal regulations require employers to validate that each employee's social security number matches the social security number which appears on the individual's social security card to ensure proper tax reporting. Therefore, in order to change your social security number, present your social security card along with this form to the Human Resources Office.*

New Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

### Address Change

Please check all that apply:

☐ Permanent Address ☐ Check Mailing Address ☐ Campus Address (for inter-office correspondences only)

*Please Note:*

- You must submit new completed payroll tax forms (W-4 and IT-2104) for a permanent address change, only if there is a change in your tax jurisdiction. This information is required in order to ensure the accuracy of your income taxes.  
☐ Change in tax jurisdiction ☐ Tax jurisdiction remains the same

### New Permanent Address/Check Mailing Address:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

International Region (for foreign addresses only): \_\_\_\_\_ Country: \_\_\_\_\_

New Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Department (if you would like your check mailed to your department): \_\_\_\_\_

### New Campus Address:

Department: \_\_\_\_\_ Work Phone/Extension: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

### Emergency Contact Change

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Authorized Signatures

Employee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

HRIS: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_