



Employee Information Change

Current Name

University ID

Select the information that you are changing: Name/Home Information

Campus Information

Emergency Contact Information

New Name*/Home Information

**To change your name, please bring your new social security card to Human Resources with this completed form.*

Last Name

Address

First Name

Address

Middle Name

City

Prefix

Suffix

State

Zip Code

Marital Status*

Country

**Changing your marital status on this form will not initiate changes to employee's benefits, withholding, etc. To change this information, please contact the Human Resources Department.*

Home Telephone

New Campus Information

Address

City

Address

State

Zip Code

Telephone

New Emergency Contact Information

Name

Relationship to Employee

Address

Telephone

Address

City

State

Zip Code

Country

Employee Signature _____

Date _____

Send completed forms to HRIS: 3201 Arch St, Ste 430 or hris@drexel.edu