

PERSONAL INFORMATION FORM

New employees: use this form to provide new or changed information for your HR/Payroll record. Complete the form electronically, print and sign it and send to the HRM Customer Service Center, 250 Columbus Place.

Today's Date

Current employees: use this form to change name and identity information. All other fields can be updated in Banner HR

NUID#

Type of Request: **New** **Change** **If change, effective date of change:**

YOUR NAME				<i>(Mail Directory Only)</i>	
First Name	Middle	Last Name	Suffix	Preferred Name	
<p>** If change, <u>new</u> name</p>			<p>** If name has changed, you must present Legal Name Change Document or Social Security Card <i>in person</i> along with this form. If this is a Legal name change, please provide a copy for your Division contact or Deans Office so that they may also update their records.</p>		

YOUR HOME ADDRESS <i>(Changes can be made electronically via Employee Self Service)</i>		
Street Address		Address Line 2
City	State	Zip Code

CONTACT INFORMATION <i>(Changes can be made electronically via Banner HR)</i>		Permanent/Home Phone		NEU/Campus Phone
E-mail Type	E-mail Address	NEU/Campus Fax		Cell Phone
		NEU/Mail Drop		

YOUR IDENTITY	Birth Date	Soc. Sec. Number	Marital Status	Highest Education Level
Gender				
Male	Highest Degree: Major	Date Acquired	School	
Female				

EMERGENCY CONTACTS <i>(Please provide at least one. Changes can be made electronically via Employee Self Service)</i>					
Primary Contact Name			Contact Name		
Relationship			Relationship		
Address same as yours?		Yes	No	Address same as yours?	
Address if your answer is no:				Address if your answer is no:	
Street Address				Street Address	
City	State	Zip Code	City	State	Zip Code

Your Signature

Date

HRM Customer Service Center
250 Columbus Place
Boston, MA 02115
617-373-2230