

## 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 Employee Self-Service.

NUID#

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

<b>YOUR NAME</b> (Mail Directory Only)				
First Name	Middle	Last Name	Suffix	Preferred Name
** If change, <u>new</u> name			** If name has changed, you must present Legal Name Change Document or Social Security Card <b>in person</b> along with this form.	

**YOUR HOME ADDRESS** (Changes can be made electronically via Employee Self Service)

Street Address		Address Line 2	
City	State	Zip Code	

<b>CONTACT INFORMATION</b> (Changes can be made electronically via Banner HR)		Permanent/Home Phone	
E-mail Type	E-mail Address	NEU Office/Campus Phone	
		NEU Office/Campus FAX	
		Cell Phone	

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

**EMERGENCY CONTACTS** (Please provide at least one. Changes can be made electronically via Employee Self Service)

Primary Contact Name		Contact Name	
Relationship		Relationship	
Address same as yours?	Yes No	Address same as yours?	Yes No
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

12/16/2011