

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				(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 <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.		

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

CONTACT INFORMATION (Changes can be made electronically via Banner HR)		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 (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?	
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