



■ CHANGE OF STATUS FORM
Department of Human Resources

Directions: This form should be completed by those employees who have changed their address, name, contact information or obtained a new degree within 30 days after the change has occurred.

Last Name	First Name	Initial	Social Security Number	Marital Status	Date of Birth
			- -	S M D W	/ /

Address	City	State	Zip	Home Phone
				()

New Last Name	New First Name

(attach a copy of Social Security card)

New Address	City	State	Zip	New Home Phone
				()

New Degree	Yr. Earned	Institution

(attach a copy of degree/transcript)

New Emergency Contact	Relationship	Address	Telephone

Signature

____/____/____
Date