DRAKE UNIVERSITY
NOTIFICATION OF PERSONAL CHANGES

Employee Name (Print) _____ Social Security Number _____

Effective Date of Change _____ Banner Number _____

PLEASE NOTE: Enter only information that has changed. If a section does not apply, leave it blank. Return completed form to Human Resources. Information supplied on this form will help us keep our records up-to-date.

NAME CHANGE:

Current Name**:** _____
Last First MI

Former Name**:** _____
Last First MI

HOME ADDRESS, PHONE CHANGE:

New Home Address: _____
Street Name/Number Apartment Number

_____
City/State/Zip

_____
New Home Phone Number

OTHER PERSONAL CHANGES:

Marital Status: ❑ Married ❑ Single Spouse/Partner Name _____

Effective Date: _____

Education Completed: (list degree, date, institution) _____

Emergency Contact: _____ Phone Number: _____

_____
Employee Signature Campus Phone Date