

# ASU PERSONAL DATA CHANGE FORM



<b>Please change/add my:</b> <input type="checkbox"/> Address (Home or Work) <input type="checkbox"/> Phone Number (Home or Work) <input type="checkbox"/> Social Security Number (Add only) <input type="checkbox"/> Marital Status <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Education Level	<b>Effective Date of Change</b>  ____ / ____ / ____
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<b>ASU ID Number</b>	<b>Name</b>		
	Last Name	First Name	Middle Name

<b>Home Street Address</b>		<b>Apt / Suite / Unit #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home/Primary Telephone Number</b> (____) _____		<b>Social Security Number</b> (Changes to your SSN need to be handled by Payroll)

<b>ASU Work Address</b>		<b>ASU Work Telephone Number</b>
_____ Building Code	_____ Room Number	(____) _____

<b>Marital Status</b> (If applicable, contact Benefits to make changes to your benefits coverage)					
<input type="checkbox"/> Single (S)	<input type="checkbox"/> Married (M)	<input type="checkbox"/> Legally Separated (L)	<input type="checkbox"/> Divorced (D)	<input type="checkbox"/> Widowed (W)	

<b>Emergency Contact</b>		
_____ Name	_____ Relationship	(____) _____ Phone #

<b>Highest Educational Degree Achieved and Year Obtained</b>		
<input type="checkbox"/> No High School Diploma (01) _____	<input type="checkbox"/> Associate's Degree (05) _____	<input type="checkbox"/> Other Doctorate (09) _____
<input type="checkbox"/> High School Diploma or GED (02) _____	<input type="checkbox"/> Bachelor's Degree (06) _____	<input type="checkbox"/> Ph.D. (10) _____
<input type="checkbox"/> Trade Certificate (03) _____	<input type="checkbox"/> Master's Degree (07) _____	
<input type="checkbox"/> College – Some, but no degree (04) _____	<input type="checkbox"/> Professional Degree (08) _____	

I understand that making changes to my local address and phone number will change the following: Student Information System Local Address and Permanent Address (if they are the same); Human Resources Address; Campus Directory; and Office Vision Directory	
<b>Employee Signature</b> _____	<b>Date</b> _____