

Personal Information Change Form

(PLEASE PRINT CLEARLY)

Please complete this form to update the information we have on file for you. This form is also available on the Human Resources website <http://www.csu.edu/humanresources/formsDocuments.htm>

UID NUMBER: _____

NAME: _____
(First Name) (M.I.) (Last Name)

If Name Change:

NEW NAME: _____
(First Name) (M.I.) (Last Name)

IMPORTANT: Legal proof of name change MUST be ()7.004p tbe1.002 (P)-8.998 (O)31241-70.116 -1(-18.06

Office of Human Resources

9501 S. King Drive/ADM 203
Chicago, IL 60628
T 773.995.2040
F 773.995.2942