



**MOREHEAD STATE UNIVERSITY
EMPLOYEE INFORMATION CHANGE FORM**

<input type="checkbox"/> STATUS CHANGE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE
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NAME: (Last, First, Middle, Maiden)		MSU ID:
MAILING ADDRESS: (Street, City, State, Zip)		
HOME PHONE:	CELL PHONE:	
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower
SPOUSE'S NAME (if married):
EMERGENCY CONTACT NAME: _____ EMERGENCY PHONE #:

OFFICE LOCATION:	OFFICE PHONE #:
JOB DEPT:	JOB TITLE:

The use of any such information will be limited to valid business, regulatory, or legal requirements. I hereby certify that the information set forth above is true and accurate to the best of my knowledge.

Employee's Signature Date

**Please complete the form, print it out, sign it, and send it to the
Office of Human Resources – HM 301**