University of Rochester
Office of Human Resources

PERSONAL DATA CHANGE FORM

Name _____ **Empl ID** _____ **UR Extension** _____
(Currently in records)

Highest Education Level (for Staff only)

- ☐ Less than HS Graduate
- ☐ Some College
- ☐ 2-Year College Degree
- ☐ Some Graduate School
- ☐ Doctorate (Academic)
- ☐ Post Doctorate
- ☐ HS Graduate or Equivalent
- ☐ Technical School
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate (Professional)

Marital Status * ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Name of Spouse _____ Gender: ☐ Male ☐ Female

Effective Date of Marital Status Change _____

☐ As a result of my marital status change, my domestic partner is now my spouse.

Name Change* New Name _____
First Last

* ***Note***: All name changes require proof provided to HR Administrative Services such as a copy of a marriage certificate, divorce decree, driver's license, or Social Security card with the new name. If changing Marital Status, you may also want to consider completing a new W4 and IT-2104.

Note: Changes to home address, phone number, emergency contact(s), and self-identification data can be updated in HRMS by navigating to Self Service > Personal Information > Personal Information Summary. If you do not have access to a computer, please call ASK URHR (275-8747) for assistance.

Signature: _____ ***Date:*** _____

Please return completed forms to: Benefits Office, 44 Celebration Dr., Suite 2300, P.O. Box 270453, Rochester, NY 14627; Fax: 585-273-1054 or Email: benefitoffice@hr.Rochester.edu