University of Rochester Office of Human Resources

PERSONAL DATA CHANGE FORM

Name	Empl	ID UR Exte	nsion
(Currently in records)			
Email Address			
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 Equiv Technical School Bachelor's Degree Master's Degree Doctorate (Profession	
Marital Status * Single	Married Sepa	arated 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			
I acknowledge that providing my electronic approval is equivalent to signing the document and I understand that my electronic signature is binding.			
Signature:		Date:	

Please return completed forms to: Office of Total Rewards, 60 Corporate Woods, Suite 310, P.O. Box 270453, Rochester, NY 14627; or Email: TotalRewards@Rochester.edu