## Personal Data Change Request

**Current Name** 



Please complete the following information and provide any required documentation for changes. If you are providing legal or identity documentation, please deliver this form in person. Photo identification must have a clearly reproduced picture to be considered valid when provided. Please allow 3-4 business days for processing. Only complete the areas below that you are seeking to change.

First Name:	Last Name:		Middle Initial:
1) Address Change			
Street Address			
City	State	Zip Code	Country (If other than USA)
Telephone Number		Spouse	Parent In-law
Emergency Contact	Emergency Contact Telepho	ne Friend	Other
2) Legal (Of Record) Na			nentation for any LEGAL name or gender changes.
	Former Name:		
Legal Gender Change ☐ Male	☐ Female I	Requesting Email Address/Useri	name Change? ☐ Yes ☐ No
3) Preferred Name Chang	e		
	ls of employees who wish to be identified by oyee privacy in order to ensure that employe		
New Preferred Name:	New Preferred Name:Former Name:		
Documentation Required	l for LEGAL (Of Record) Name a	nd Gender Changes	
At least one form must be an offici	nder, you must provide <u>two forms of identific</u> al or court-approved form of ID such as a U.S vorce/Marriage Certificate, or U.S. Military ID. 5. Passport.	5. Passport (or card), state or terr	itory-issued driver's license, Sheriff/NYS
SUNY ORANGE OFFICE OF HUMA Documentation Provided (Check			
☐ Court Order ☐ Divorce Document		tificate    Naturalization Docume	nts Passport SSN/Card
☐ Driver's License ☐ US State-issued I	D card (Non-Driver ID) □ Other Legal Docu	mentation:	
Documentation Reviewed and Process	ed By:	Date:	
Signature of Employee			A signature is required for ALL changes.
Signed:			Date:
HR USE ONLY: Banner	Access RISK Mgmt (benefits only	y) Payroll	Verified by: