MCNEESE STATE UNIVERSITY/HUMAN RESOURCES
PERSONAL INFORMATION UPDATE FORM

Banners ID: _____

Name as currently listed: _____ (First, Middle, Last)

New name: _____ (First, Middle, Last)
(You must provide a social security card to match name change)

Mailing Address; ALL correspondences, checks, etc. from the University will be sent to this address:

Address: _____

City: _____ State:_____ Zip: _____

Email: _____

Phone: _____ Alternate Phone: _____

Physical Address; Required ONLY if mailing address is a Post Office Box:

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

City: _____ State:_____ Zip: _____

Phone: _____

Please make the requested changes to my employment records. I understand that if I am changing my name I must provide my Social Security Card that has my NEW name or the change will not take place.

By my signature below, I authorize MSU to also update my name and address within the Office of Group Benefits, the Teachers Retirement System of Louisiana, the Louisiana Employees Retirement System and any/all of my supplemental benefit programs. This form must be returned to Human Resources with an original signature either in person or by mail to Box 91615.

_____ _____
Signature Date

HR USE ONLY Entered Banner and ISIS_____
Processed Benefit Changes_____