



**PERSONAL DATA CHANGE FORM**

**Please use the form below to notify Human Resources of any personal data changes.  
Please sign, date and return the form back to:**

LSU Health Sciences Center – New Orleans  
Human Resources Management Department  
433 Bolivar Street  
New Orleans, LA 70112  
Or,  
Fax to 504-568-8010

**Name Change: (Please attach a copy of your social security card reflecting your new name).**

	New Information	Old Information
<b>First Name:</b>		
<b>Middle Name:</b>		
<b>Last Name:</b>		

**Address Change:**

<b>Street Name &amp; Number:</b>			
<b>City:</b>		<b>State:</b>	
<b>Zip code:</b>		<b>Phone Number:</b>	

**Marital Status Update:**

<b>Effective Date:</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
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**Acknowledgements:**

<b>Print Employee Name:</b>			<b>Date:</b>	
<b>Employee Signature:</b>				
<b>Employee ID:</b>	<u>Current Employee:</u> <i>(ID Number located on back of ID badge):</i>	<u>Former Employee:</u> <i>(provide last 4 digits of Social Security Number):</i>		

**HUMAN RESOURCES USE ONLY:**

<b>Agency Representative:</b> <b>(Agency 1904)</b>		<b>Date:</b>	
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