

SOUTHERN CONNECTICUT STATE UNIVERSITY

CHANGE IN DEMOGRAPHIC INFORMATION

Effective Date of Change: _____

Full Legal Name: _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ (For Verification Purposes)

Name Change: _____

Reason for Change: _____

Original Address: _____

Address Change: _____

Original Phone #: _____

New Phone #: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Phone Number: _____

Relationship to Employee: _____

cc: CORE
Banner
Employee File
Time and Attendance