



**AUGUSTA STATE UNIVERSITY
EMPLOYEE DATA CHANGE FORM**

Name:	SSN:
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Please check appropriate action(s).

Name Change*
 Address Change
 Marital Status Change*
 Emergency Contact Change
 Education Level Change*
 Citizenship Update*

***NAME CHANGE**

New Name:	Effective Date:
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ADDRESS CHANGE

Street Address:

City:	State:	Zip:
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Phone #:	Effective Date:
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***MARITAL STATUS CHANGE**

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Effective Date:
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Spouse's Name:

EMERGENCY CONTACT CHANGE

Name:	Relationship:
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Street Address:

City:	State:	Zip:
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Day Phone #:	Evening Phone #:	Alternate Phone #:
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Work Location:

***EDUCATION LEVEL CHANGE**

Degree Earned:	Year & Month Earned:
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***CITIZENSHIP UPDATE**

Country of Citizenship:

Visa/Naturalization #, if any:	Issue Date:
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Visa Type/Naturalization Type:	Expiration Date:
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I hereby certify that all information contained in this document is accurate and complete to the best of my knowledge. I understand that I should notify the Office of Human Resources if any information contained herein changes in the future, so that my record may be updated to reflect the most current and accurate information.

_____ Signature	_____ Date
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(Note: *Appropriate legal documentation must be submitted with this form before the above requested changes can be processed.)

