

BSC Personal Information Change Form (PLEASE PRINT)

RETURN FORM WITH ORIGINAL SIGNATURE TO:

EMPLOYEES: Human Resources Department, Boyden Hall, Room 103, Bridgewater, MA 02325
STUDENTS: Registrar's Office, Boyden Hall, Room 003, Bridgewater, MA 02325

NOTE: If you are (or were) both an employee and a student, only one form must be completed and returned to the Human Resources Department. A FAXED COPY WILL NOT BE PROCESSED.

Please check all that apply:

Employee/Student Employee Student

Name: _____
Last First Middle

Banner ID: _____ or Social Security No: _____ - _____ - _____
(8-digit number starting with 0)

Date of Birth: _____ / _____ / _____ (for identification purposes only)
Month (mm) Day (dd) Year (yyyy)

I certify that I am the above-named person and all information on this form is correct as stated.

SIGNATURE: _____ Day Phone Number: _____ Date: _____

NAME CHANGE - Complete this section only if you are changing your Name.

Copy of Court Order/Marriage Certificate/Divorce Decree must be attached.

(NOTE: In addition, employees must also submit a copy of the new Social Security Number Card.)

Former Name: _____
Last First Middle

New Name: _____
Last First Middle

SOCIAL SECURITY NUMBER CHANGE -
Complete this section only if you are changing/correcting your Social Security Number.

Copy of Social Security Number Card must be attached.

New/Correct Social Security No: _____ - _____ - _____

DATE OF BIRTH CORRECTION - Complete this section only if you are correcting your Date of Birth.

If this date is contrary to other records on file, a Copy of Birth Certificate will also be required.

Correct Date of Birth: _____ / _____ / _____
Month (mm) Day (dd) Year (yyyy)

FOR OFFICE USE ONLY

Processed By: Human Resources Registrar's Office U Admissions G Admissions
(Initials/Date) _____