Lincoln University

Human Resources Office
820 Chestnut Street
101 Young Hall
Jefferson City, MO 65102

NOTIFICATION OF CHANGE (PERSONAL INFORMATION)

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.

EMPLOYEE INFORMATION

NAME:_____**SSN:**_____
(Last) (First)

DATE OF BIRTH:_____**PHONE#**_____

NAME CHANGE

PREVIOUS NAME: _____
(Last) (First)

NEW NAME: _____
(Last) (First)

MARITAL STATUS CHANGE

PREVIOUS: ☐ **SINGLE** ☐ **MARRIED**
NEW: ☐ **SINGLE** ☐ **MARRIED**

ADDRESS CHANGE

PREVIOUS ADDRESS _____
_____
_____

NEW ADDRESS _____
_____
_____

SIGNATURE OF EMPLOYEE **DATE**

_____ _____