

BENEDICTINE UNIVERSITY

CHANGE OF INFORMATION FORM

Please return this form to:
Human Resources
Benedictine University
5700 College Road, Lisle, IL 60532
Fax (630) 839-4468

Empl ID or Last Four Digits of SS# _____

Name _____
(Last) (First) (M.)

NEW INFORMATION

EFFECTIVE DATE: _____

Name _____
(Last) (First) (M.)

(NOTE: Copy of Social Security Card required for name change)

Do you want your User ID to reflect your name change? ☐ Yes ☐ No

Address _____

City _____ State _____ Zip Code _____

Home phone: _____ ☐ Check if used as primary (preferred) phone *

Work phone: _____

Cellular phone: _____ ☐ Check if used as primary (preferred) phone *

*Note: The primary phone will be used for the BenAlert Emergency Notification System. To update other contact information in that system, please go to www.ben.edu/benalert for more details.

Home E-mail Address: _____

Marital Status: _____

Signature _____

OFFICE USE ONLY

Data Entry:

Entered in PeopleSoft: _____ Date: _____
Signature