CHANGE OF PERSONAL INFORMATION

When completing this form, please print legibly and use ONLY Black or blue INK, no pencil

CURRENT/PREVIOUS NAME: _____________________________________

CWID: __ __ __ __ __ __ __ __

1. ARE YOU EMPLOYED ON CAMPUS?
☐ YES: An updated copy of your Social Security Card MUST be provided to Human Resources in order to receive paychecks.
☐ NO

2. ARE YOU AN INTERNATIONAL STUDENT? To change your Visa type, contact International Student & Scholar Services
☐ YES: You must provide a passport for name changes.
☐ NO

3. WHAT WOULD YOU LIKE TO DO?
☐ Change or Correct your Name –
   If filling out this section: ORIGINAL OR NOTARIZED COPY OF PASSPORT/PERMANENT VISA OR DRIVER’S LICENSE/STATE ID OR OTHER GOVERNMENT ISSUED PICTURE ID

   ____________   ____________   ____________   ____________
   Last     First     Middle     Suffix

☐ Update Social Security Number –
   If filling out this section: PROVIDE ORIGINAL OR NOTARIZED COPY OF SOCIAL SECURITY CARD

Add/Correct Social Security Number: _______ ___ ___ -- ______ ___ ___ ___ ___

☐ Correct Date of Birth –
   If filling out this section: ORIGINAL OR NOTARIZED COPY OF BIRTH CERTIFICATE OR PASSPORT

Correct Date of Birth: ____ / ____ / ____ ____ (mm/dd/yyyy)

☐ Change or Correct Gender –
   If filling out this section: ORIGINAL OR NOTARIZED COPY OF BIRTH CERTIFICATE OR MEDICAL DOCUMENTATION FOR GENDER CHANGE

Change/Correct Gender: ☐ Male   ☐ Female

☐ Change or Correct Ethnicity –
   - Are you of Hispanic or Latino descent? ☐ YES ☐ NO
   - Check one or more of the following groups in which you consider yourself to be a member.

   __ American Indian or Alaska Native
   __ Native Hawaiian or other Pacific Islander
   __ Asian
   __ White
   __ Black or African American

☐ Change or Correct Citizenship –
   If filling out this section: ORIGINAL OR NOTARIZED COPY OF PASSPORT OR CITIZENSHIP CERTIFICATE

Change/Correct Citizenship: ☐ Permanent Resident   ☐ US Citizen

4. IS THE ABOVE INFORMATION CORRECT?
By signing below, I certify that the above information is correct and that I am responsible for any changes made to my personal information record. I will verify my changes on my trailhead.mines.edu account.

Signature: ______________________________________

Date: _____________

OFFICE USE ONLY
PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION TO THIS FORM.

Processed: __________ (For Name Change) Physical File Update: __________
Date: __________ (For Name Change) Date: __________

Revised 10/18/2011