

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, CITIZENSHIP CERTIFICATE OR PERMANENT RESIDENT CARD

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: _____ Date: _____