



University of North Carolina Wilmington

PERSONNEL INFORMATION CHANGE REQUEST

Name _____ Date _____

Banner # _____ OR Social Sec. # _____

NAME CHANGE (A copy of Social Security Card is REQUIRED)

Previous Name: _____

New Name: _____

Reason for Change

Marriage

Legal Change

Correction

SOCIAL SECURITY NUMBER CORRECTION

Number on File: _____

Correct Number: _____

BIRTHDATE CORRECTION

Date on File: _____

Correct Date: _____
(MM/DD/YY)

ADDRESS CHANGE

Previous Address: _____

New Address: _____

Phone Number: _____

UPDATE EDUCATIONAL LEVEL

Degree Obtained: _____

Date Degree Earned: _____

Institution: _____

Employee's Signature: _____

Date: _____