



**Alcorn**  
State University

**BANNER/HUMAN RESOURCES  
CHANGE OF INFORMATION FORM**

A#: \_\_\_\_\_

**NAME CHANGE:** *(Submit new Picture ID and Social Security Card along with marriage license, if applicable) and (Meet with employment specialist to update the I9)*

**Marital Status:**  *New, effective date:* \_\_\_\_\_  *Divorced, effective date:* \_\_\_\_\_

Print Current Name: \_\_\_\_\_

Print New Name: \_\_\_\_\_  
(if applicable)

**ADDRESS CHANGE:** *(W2 mailing address)*

New Address: \_\_\_\_\_  
(P. O. Box or Street)

\_\_\_\_\_  
City State Zip Code

**PHONE NUMBER CHANGE:** *(if applicable)*

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**BIRTH DATE:** *(please attach a copy of your birth certificate)*

Change from: \_\_\_\_\_ Change to: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(Please bring this form, along with your supporting documents, to Human Resources for further processing.)*

**IMPORTANT MESSAGE:**

**\*\*VISIT THE OFFICE OF STUDENT RECORDS TO MAKE CHANGES TO YOUR STUDENT INFORMATION**

**\*\*\*THIS FORM SHOULD NOT BE USED TO UPDATE YOUR INSURANCE RECORDS. PLEASE CONSULT WITH YOUR BENEFITS PERSONNEL or email questions to:**

[hrbenefits@alcorn.edu](mailto:hrbenefits@alcorn.edu)