Please complete necessary sections that pertain to the type of change you are requesting. A copy of supporting document(s) must be presented for the change(s) to be processed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | TX State ID: |  |
|  | *(If changing name, use former name)* |  |  | *(or SSN)* |

* **New name as it appears on your updated Social Security card:**

*(Please attach a copy of your new Social Security card)*

|  |  |  |
| --- | --- | --- |
| First: |  | |
| Middle: | |  |
| Last: |  | |

* **Marital Status:**  Single  Married **Preferred Title:**  Ms.  Mrs.  Mr.  Dr.
* **Gender:** Female  Male
* **Person(s) to contact in case of emergency:**

|  |  |  |
| --- | --- | --- |
|  | | |
| Name | Relationship | Phone |
|  |  |  |
|  | | |
| Name | Relationship | Phone |

* **Address Change:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: | | |  | | | | | | | | | |
| City: |  | | |  | State: | | |  | |  | Zip: |  |
| Home Phone: | |  | | | |  | Office Phone: | |  | | | |

**Privacy:**

Do you wish to request privacy on your home address and phone?  Yes  No

*If privacy is selected, your address and phone number will not appear in the Texas State Directory or be released in requests for open records.*

|  |  |
| --- | --- |
| **Effective Date of Change:** |  |

*Do not forget to:*

1. Contact your physician’s office and pharmacies to update your records for insurance purposes.

2. ORP Participants: contact your ORP vendor to update your retirement account records.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Signature:** |  |  | **Date:** |  |

**For HR Use Only: SAP ERS ITAC Faculty and Academic Resources Teacher of Record**

**Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**