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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**