

Name: _____ Date of Birth ____/____/____
 Last First Middle Month Day Year
 Student _____ Cell _____
 Employee ID#: _____ Home Phone Number (____)____-____
 Vendor _____ Work _____
 Email: _____ Alt. Email: _____

Permanent Address	PR	Employee Related Address HR
Mailing Address	MA	
Update at www.UAOnline.alaska.edu form required		Will affect mailing of pay statement and W-

New Address: _____ New Phone check all that apply home cell work
 _____ (____)____-____
 City: _____ State: _____ Zip: _____ New Phone home cell work
 _____ (____)____-____
 County: _____ Province: _____ Check here if number is for hard copy only
 not to be entered into banner

NAME CHANGE Requires current social security card (employees only)

Former Name: _____
 Last First Middle
 Current Name*: _____
 Last First Middle
 *Your current name must appear on any documents that you submit in support of your request.

Correct SSN: _____ - _____ - _____ Incorrect SSN: _____ - _____ - _____

Your Social Security Number (SSN) is required for tax, employment and federal financial aid purposes. All information including your SSN, will be kept confidential and protected under state and federal laws. An assigned number is used for University records; however, a portion or all of the SSN may be used for identity verification by systems and software.