

## **Faculty Information Form**

Please indicate:								
□ New Hire								
	ddress Change   Name C (Proof of char					ormer SU studei	nt?	
Directions: Please fill in <u>all information</u> ; it is necessary for updating. This information changes your address on file for Faculty Services, Benefits and Payroll. Please contact your specific Benefits carriers with your updated information. Also, if you are a student, please stop by the Registrar's Office to make the changes in your student files as well.								
Today's Date:				Soc	Social Security Number:			
Name:								
(Last Name)				(Firs	(First Name)		(M.I.)	
Previous Name:								
(Last Name)				(Firs	(First Name)		(M.I.)	
Street Address:								
City:				State:		Zip Code:		
Home Phone: Cell Phone				hone:	x:			
SU Email: @seattleu.edu				edu	SU Phone:			
Department:			Building:		Room Number:			
Employee Signature:								
Emergency Information In case of an emergency, please contact:								
Name:								
Phone: Pho				Phone Ty	one Type (home/mobile/work):			
Phone: Pho				Phone Ty	one Type (home/mobile/work):			
Relationship to you:								
Insurance Company:								
For office use only:								
CHCK		EMER			BENEFITS  NAME CHANCE ID			
NAE					NAME CHANGE ID:			