

Faculty Information Form

Please indicate:

□ New Hire

□ Address Change

□ Name Change (Proof of change required) □ Current <u>or</u> former SU student?

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 paperwork. You will want to contact all of 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:		Social Security Number:			
Name:					
(Last Name)		(First Name)			(M.I.)
Previous Name:					
(Last Name)		(First Name)			(M.I.)
Street Address:					
City:	State:		Zip Code:		
Home Phone:	SU Email:	Email: @seattleu.edu		SU Phone:	
Department:					
Building:	Room Number:				
Employee Signature:					
Emergency Information In case of an emergency, please contact:					
Name:					

Address:	
Phone:	
Relationship to you:	
Insurance Company:	

For official use only:

СНСК	EMER	BENEFITS	
NAE		NAME CHANGE ID:	
		(proof shown)	