



LYNN  
UNIVERSITY

## Personal Information Change Form

Use this form to provide changes to your personal information for your Benefits and Payroll record. Complete the form, print, sign and send to Employee Services.

### I. Personal Information Change

Effective date \_\_\_\_\_

Employee ID \_\_\_\_\_ Marital Status \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

If change, new name \_\_\_\_\_

### II. Address (Provide the address where pay related information can be mailed.)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### III. Contact Information

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### IV. Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

### V. Authorization of Changes

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** TIAA-CREF requires that you submit your personal information directly to them.