

**Personal Data Change Form (PDCF)****Georgia State University**

Identifying personal information is treated confidentially and released only on a need-to-know basis.

**Name (required)**

To execute a name change you must bring in an original social security card bearing the new name

<b>Name:</b>	<b>Panther #:</b>
Name (change to) :	Employee ID #:

**Address Change (please print CLEARLY)**

Home street address			
City:	State:	Zip:	County:
Home phone:	Other phone:	Email:	
Emergency contact person:		Relationship:	
Contact's address:		Contact's phone:	

**Change in Marital Status Information**

You must bring in original documentation: marriage license, divorce decree, separation document, or death certificate

<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> legally separated	Spouse Name:	Spouse date of birth:
	Soc sec #:	Effective date:

**Change in Family Information**

You must bring in documentation: birth certificate, court documents, adoption papers, etc.

dependent child	name:	<input type="checkbox"/> daughter <input type="checkbox"/> son	date of birth: soc sec #
dependent child	name:	<input type="checkbox"/> daughter <input type="checkbox"/> son	date of birth: soc sec #:

**Change In Education Information**

Attach documentation: official transcript

degree	institution, city, state, country	major field of study	yr degree awarded

**Social Security Number Changes**

Social Security #:	Social Security # (change to):
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**SIGNATURE:****DATE:****HR USE ONLY:**

BENEFITS	PAYROLL
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