



Personal Information Change Form

I am submitting this form to change my (check all that apply and complete form with new information):

- checkbox address checkbox name checkbox phone checkbox marital status checkbox military status

TO SUBMIT A NAME CHANGE, ATTACH A COPY OF YOUR NEW SOCIAL SECURITY CARD, OR THE 'RECEIPT FOR APPLICATION' FOR A NEW CARD

Employee ID or Social Security Number ( ) Home Phone Number Date of Birth Last Name First Name M.I. Home Mailing Address City State ZIP

Married: checkbox Yes checkbox No TO SUBMIT A MARITAL STATUS CHANGE, ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE OR DIVORCE DECREE

Military Information (Check all that apply)

- checkbox Not applicable
checkbox Disabled Veteran a veteran 1) of the U.S. military ground, naval or air service who is entitled to compensation...
checkbox Vietnam-Era Veteran a veteran whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975...
checkbox Other Protected Veteran a veteran who served on active duty in the U.S. military ground, naval or air service during a war...
checkbox Armed Forces Service Medal Veteran a veteran who, while serving on active duty in the U.S. military ground, naval or air service participated in a U.S. military operation...
checkbox Recently Separated Veteran a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty...
Military Status: checkbox Active Reserve checkbox Inactive Reserve Separation Date / /

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Processing Office Use Only
Pay Group
Employee ID #
Entered by
Audited by
Date Received in Processing

Signature Date

Mail form to: Vanderbilt HR Processing, PMB #407718, 2301 Vanderbilt Place, Nashville, TN 37235-7718
Deliver form to: HR Processing, 975 Baker Building, Nashville, TN 37203