

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone 618.650.2190 | Fax 618.650.2696

IDENTIFICATION & CONTACT INFORMATION

Name: _____ Banner ID: _____

To change your legal name, submit an updated W-4 card, a copy of the Social Security card, and one of the following (for whichever method applies): a marriage certificate; divorce decree; or a court order of the name change.

I am a former SIUE student or employee; however, my past SIUE records are stored under the following name(s) rather than my current legal name: _____

Preferred First Name (other than current legal name): _____

Status: I am a new SIUE employee. I am a current SIUE employee.
I recently applied for admission as a student to SIUE, or I am a current student.

Address & Phone: New employees please enter your **mailing address** and phone number(s) below. Address and phone changes should be made through Banner Self-Service. Log into CougarNet at <https://siue.edu/cougarnet>.

Day Phone: _____ Alternate Phone (if applicable): _____

Mailing Address: _____
Number Street City State Postal Code

Confidential Record Indicator: By checking this box, I am indicating that I **DO NOT** authorize or consent to the disclosure, release, or publication of my personal contact information (home address, home telephone number, spouse information) in a directory publication and/or for University-related events, promotions, notifications and/or mailings. (NOTE: Please contact the Office of the Registrar to determine what information on your student records will also become confidential if this option is selected for your employment records).

MARITAL STATUS & EMERGENCY CONTACT INFORMATION (Please make changes to existing information through CougarNet at siue.edu/cougarnet).

Marital Status: Divorced (D) Married (M) Other (O)
Separated (P) Single (S) Rather not specify (R)

Spouse's Name: _____

Spouse's Address: _____
(If address is same as employee's leave blank.) Number Street City State Postal Code

Day Phone: _____ Alternate Phone (if applicable): _____

Emergency Contact (if other than, or in addition to, spouse):

Relationship: _____

Name: _____

Mailing Address: _____
Number Street City State Postal Code

Phone: _____

CAMPUS ADDRESS & PHONE INFORMATION (For change not submitted on an employment contract.)

Box No.: _____ Building: _____ Room No.: _____ Phone: _____

Campus Location: Carbondale E. St. Louis Alton Edwardsville Springfield

OTHER BIOGRAPHICAL INFORMATION

Sex: Male Female

Please answer the following questions to assist with SIUE's efforts to comply with civil rights legislation and mandatory reporting to Federal and State agencies. (Definitions for each of these responses are available on the Human Resources Forms webpage, in addition to this Data Collection/Change Form.)

Do you consider yourself Hispanic or Latino? Hispanic or Latino Not Hispanic or Latino

Racial Categories - please select one or more of the following that describe you:

Native American or Alaska Native Asian Black or African American
Native Hawaiian or other Pacific Islander White

Country of Citizenship (if other than United States): _____

Employee/Student Signature: _____ Date: _____