



**DIVISION OF HUMAN RESOURCES**

***Change of Personal Information Form***

**Please print clearly.**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Legal Name (Last) (First) (MI)**

\_\_\_\_\_  
**Preferred Name (Last) (First) (MI)**

\_\_\_\_\_  
**Address Apt. Number**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number Home Phone (\_\_\_\_) \_\_\_\_\_**

**MSU Ext. \_\_\_\_\_ Department: \_\_\_\_\_**

**Job Title: \_\_\_\_\_**

**MSU E-mail Address: \_\_\_\_\_**

**If you are submitting a change of your address, you must fill out a new W-4 and submit it to the Payroll Dept.**