

Human Resources

VANDERBILT UNIVERSITY
MEDICAL CENTER

Personal Information Change Form

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

- Name (must match name of Social Security Card)**
To submit a name change, attach a copy of your new Social Security Card or the "receipt for application" for a new card.
- Marital status**
To submit a marital status change, attach a copy of your marriage certificate or divorce decree.
- Correct Social Security Number**
- Correct Date of Birth**

Military status changes are made using an online form at <https://forms.vanderbilt.edu/view.php?id=414326>.

Employee ID or last 4 numbers of Social Security Card	Date of Birth
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Last Name (include suffix, if applicable)	First Name	Middle Name or Initial
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Vanderbilt University Medical Center is committed to principles of equal opportunity and affirmative action. VUMC is committed to a policy of non-discrimination in employment and education and complies with the requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973, which prohibit discrimination against persons with disabilities. If you have questions or concerns pertaining to accommodation services for people with disabilities contact Employee and Labor Relations, 2525 West End Avenue, 5th Floor, Nashville, TN 37203; phone 615.343.4759; Web site hr.mc.vanderbilt.edu/employee-relations.

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

Signature	Date
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Mail form to: Employee Service Center, 2525 West End Avenue, 5th Floor, Nashville, TN 37203

Deliver form to: Employee Service Center, 2525 West End Avenue, 2nd Floor, Nashville, TN 37203