



# Weill Cornell Medicine

## Human Resources

### Personal Data Change Form

#### Current Information

Employee Name

Employee EID #

#### Updated Information (Please complete all sections that apply.)

##### Name and/or Social Security Number

Employee Name\*

Social Security Number\*

\*If you changed your name or you have been issued a new Social Security Number, you MUST submit a copy of your new Social Security Card with this form.

##### Marital Status

☐ Single (S)

☐ Divorced (D)

☐ Widowed (W)

☐ Married (M)

☐ Separated (P)

☐ Other (Z):

##### Work Address

Work Address

Building Name

Room

Box #

Floor

City

State

Zip Code

Work Phone

##### Emergency Contact

Name

Relationship

Phone #

Street Address

Apt

City

State

Zip Code

##### Education

☐ Grade School: *Highest Level*

☐ M.D. (80)

☐ D.O. (83)

☐ High School (12)

☐ Ph.D. (61)

☐ Registered Nurse/Degree (33)

☐ Associate's Degree (20)

☐ M.D./Ph.D. (85)

☐ Other Non-Medical

☐ Bachelor's Degree (25)

☐ D.V.M. (70)

Degree (67):

☐ Master's Degree (50)

☐ D.D.S. or D.M.D. (81)

#### Confirmation

I verify that the information I have provided above is correct.

Employee Signature

Date

Please submit your completed form to Human Resources at

<http://hrsc.weill.cornell.edu>

Questions? Call the HR Solution Center at 646-962-9247

HRC #