

**Address, Phone, or Name Change**

***Updated Personnel Record Survey Form***

**Please change my:**  Address  Phone Number  Name  Marital Status  Emergency Contact **Datatel ID#: \_\_\_\_\_**  
**(Office Use)**

**Name:** Ms./ Mrs./ Mr./ Dr. \_\_\_\_\_ **Date:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Title or Position:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
**Number Street Apt**

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

**Phone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

***Emergency Contact Change:***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Employee must update:  Ohio tax form (School DistrictCode for SD taxes)

Human Resources will update:

- Colleague  BIO (for marital status change)  EMPC
- PlanSource  Long-Term Care (for name or SSN changes only)
- Flexible Spending  TIAA