Magdala Foundation
Personal Information Update Form

Last Name	First Name	Last 4 of SSN

Check all that you are changing:

☐ **Name** ☐ **Address** ☐ **Phone Number** ☐ **Marital Status** ☐ **Emergency Contacts**

Name Change

Former Name

Last Name	First Name

New Name

Last Name	First Name

Address Change

Previous Address

Street Number & Name		
City	**State**	**Zip Code**

New Address

Street Number & Name		
City	**State**	**Zip Code**

Phone Number Change

Check all that you are changing:

☐ **Cell Phone** ☐ **Home Phone**

Cell Phone

Previous Number	New Number

Home Phone

Previous Number	New Number

Marital Status Change

☐ **Single** ☐ **Married** ☐ **Separated** ☐ **Divorced** ☐ **Widowed** ☐ **Other** _____

Emergency Contact Change

Name	Relationship	Telephone

Authorization: I authorize my employer to make the appropriate changes to my personnel file on this date.

Employee's Signature _____ Date _____

created October 2017