



NAME/ADDRESS/EMERGENCY CONTACT CHANGE FORM

Return to: Human Resources Department • Fullerton Administration Building, Room 239 • Fort Smith, Arkansas 72903 • 479.788.7080

CURRENT EMPLOYEE INFORMATION

Please complete for all change requests.

First Name	Last Name	SSN or Employee ID	Phone Number
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NAME CHANGE

OLD NAME: _____

NEW NAME: _____

Name will not be changed in the system unless a new Social Security card reflecting the new name is provided. I understand that my name must appear on the University's system as it appears on my Social Security card. Name changes also require completion of new federal and state withholding forms.

ADDRESS CHANGE

OLD ADDRESS: _____

NEW ADDRESS: _____

I understand that my W-2 form will be mailed to the new address.

TO UPDATE EMERGENCY CONTACT INFORMATION

1. Access Banner Self-Service through [My.UAFS](#).
2. Under the Personal Information heading, select "Update Emergency Contact Info."
3. Login using UAFS user name and password.
4. Select "Update Emergency Contacts."
5. Update existing contact information as instructed.

– OR –

If you do not have access to a computer/Internet connection, complete the portion below and return to Human Resources.

IN CASE OF EMERGENCY, PLEASE CONTACT:

	Name	Address	Phone Number*	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

****Please include area code with phone number.***

Signature	Date
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For beneficiary changes, please contact our Benefits Department at 479.788.7085.