



The University of Michigan Address/Personal Data Form

1. Fill in your University ID, Social Security number, department, and name as it currently appears on your U.S. Social Security card.

UMID _____ U.S. Social Security # _____ Department _____
Last Name _____ First _____ Middle _____

2. Place an "X" in the square box(es) that applies to you and complete the corresponding section(s) below.

I am correcting/changing the following sections:

- PERSONAL INFORMATION - One or more of the following pieces of personal information: level of completed education, date of birth, U.S. Social Security number, name, visa. *Level of completed education is NOT automatically updated upon completion of degree requirements.* [COMPLETE SECTION A]
- HOME ADDRESS - This is the address to which your W-2 is mailed. [COMPLETE SECTION B]
Note: If you are a current U of M Ann Arbor student or Visiting Scholar, do not complete this section. Instead, make sure your Wolverine Access Current Address is accurate and up-to-date.
- CAMPUS ADDRESS - This is the address which should appear in the University's Directory and to which your campus mail should be sent. [COMPLETE SECTION C]
- SECONDARY CAMPUS ADDRESS - This is your secondary campus mailing address and should also appear in the University's Directory. [COMPLETE SECTION D]

3. Sign, date, and mail this form to the appropriate Human Resources Department address below.

HUMAN RESOURCE RECORDS & INFORMATION SERVICES
4073 Wolverine Tower, 3003 S. State St.
Ann Arbor, MI 48109-1281 (734) 764-9250

HEALTH SYSTEM HUMAN RESOURCES
2901 Hubbard, Suite 1100
Ann Arbor, MI 48109-2435 (734) 647-2385

DEARBORN HUMAN RESOURCES
1050 Administration Building
Dearborn, MI 48128-1491 (313) 593-5190

FLINT HUMAN RESOURCES
219 University Center
Flint, MI 48502-1950 (810) 762-3150

COMPLETE ONLY DATA TO BE CHANGED	
SECTION A PERSONAL INFORMATION	Date of Birth _____ <i>Attach a copy of your birth certificate, driver's license or passport.</i> U.S. Social Security Number _____ <i>Attach a copy of your U.S. Social Security card.</i> Last Name _____ First _____ Middle _____ <i>Attach a copy of your U.S. Social Security card.</i> Highest Degree/Diploma _____ Year Obtained _____ Major _____ <i>Attach a copy of transcript or degree.</i> Visa Status changing from _____ to _____ <i>Attach completed Form I-9.</i> Citizenship Status _____ <i>Attach completed Form I-9.</i> Country of Citizenship (if other than U.S.) _____ Gender or Race _____ <i>Contact the Office of Equity and Diversity for assistance (734) 763-0235.</i>
SECTION B HOME ADDRESS	Effective Date of Change _____ CHECK THIS BOX IF THIS ADDRESS IS NOT TO BE PUBLISHED <input type="checkbox"/> Number, Street and Apartment No. _____ City _____ State _____ Zip Code _____ Country _____ Telephone (____) _____
SECTION C CAMPUS ADDRESS	Department _____ Telephone (____) _____ Room/Building or Number/Street _____ Campus Zip _____ City _____ State _____ Zip Code _____
SECTION D SECONDARY CAMPUS ADDRESS	Department _____ Telephone (____) _____ Room/Building or Number/Street _____ Campus Zip _____ City _____ State _____ Zip Code _____

Staff Member's Signature/Date _____ Supervisor's Signature/Date _____ (optional)