



**HUMAN RESOURCES**  
**CHANGE OF PERSONAL DETAILS**

Name: .....

Post: .....

Department/School: .....

Please amend the personal details held on computerised record for me as follows:

**CHANGE OF SURNAME AND/OR TITLE**

EFFECTIVE DATE: .....

SURNAME: .....

MAIDEN NAME (if applicable): .....

TITLE: Professor/Dr/Mrs/Miss/Ms/Mr

**CHANGE OF ADDRESS**

EFFECTIVE DATE: .....

NEW ADDRESS: .....

.....

TELEPHONE NO: .....

EX-DIRECTORY: YES/NO (delete as appropriate)

**CHANGE OF EMERGENCY CONTACT**

PERSON TO CONTACT (and relationship): .....

ADDRESS: .....

.....

TELEPHONE NO: .....

**ANY OTHER CHANGES**

DETAILS OF ANY OTHER CHANGES TO YOUR PERSONAL INFORMATION: .....

.....

.....

**DECLARATION**

I declare that the information I have provided on this form is true and correct.

Signed: ..... Date: .....

**PLEASE RETURN THIS FORM TO YOUR COLLEGE HUMAN RESOURCES OFFICE**

**Office Use Only:**

Update on HR/Payroll System

Copy to Payroll Office (if applicable)

Copy to Pensions Office (if applicable)