

**St. Thomas University**  
**Office of Human Resources**  
**16401 NW 37<sup>th</sup> Avenue, O'Mailia Hall**  
**Miami Gardens, FL 33054**  
**(305) 628-6518**  
**Fax: (305) 628-6510**

**NOTIFICATION OF PERSONAL CHANGES**

Complete this form for any personal changes and return to the Office of Human Resources, O'Mailia Hall.

Please indicate change(s) and print information requested. **Enter only the information which has changed.**

Employee Name: \_\_\_\_\_ STU ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Name Change from: \_\_\_\_\_ to \_\_\_\_\_  
(Attach copy of marriage certificate, if applicable, or other documentation)

New Address: \_\_\_\_\_  
Street City State Zip

New Home Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Person to be notified) Relationship

Emergency Contact Address: \_\_\_\_\_  
Street City State Zip

New Home Phone # for Emergency Contact: \_\_\_\_\_

Degree/Licensure Earned: \_\_\_\_\_ at: \_\_\_\_\_ on \_\_\_\_\_  
Official copy of degree transcript(s) must be sent by the issuing institution directly to HR.)

\_\_\_\_\_  
Employee's Signature

Date: \_\_\_\_\_