

Personal Data Form

Western University
Human Resources – Support Services Building - Room 5100
London, ON N6A 3K7
Tel: 519-661-2194 Fax: 519-661-4104



This form is to be used by individuals who need to change some details regarding their personal information which is used by Human Resources. Data collected here will be disclosed to other Western departments as necessary to administer your employment relationship with Western. Those departments include but are not limited to the Office of the Registrar, Financial Services, Faculty Relations, Western Libraries, Information Technology Services, Parking Services, Campus Meal Plan, Campus Recreation, and Advancement Services.

The collection and disclosure of this personal information is governed by Western's administrative policy 1.23 GUIDELINES ON ACCESS TO INFORMATION AND PROTECTION OF PRIVACY.

Please note that in the interest of protecting your personal financial accounts, banking information used to directly deposit payments to you from Western must be submitted and changed using the employee self-service application My Human Resources. Please log in using your Western User ID and password and provide bank account information.

EFFECTIVE DATE (YYYY-MM-DD)	STUDENT NUMBER	
NAME (First Name, Middle, Surname)	SIN	WESTERN ID NUMBER

Address Change

COUNTRY	ADDRESS	
CITY	PROVINCE / STATE	POSTAL CODE / ZIP

Birth Date Correction (please attach two pieces of identification to support the change, one being a photo identification)

REVISED BIRTH DATE (YYYY-MM-DD)	
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Name Change – enter your new name under the effective date above; provide previous name and reason for change below

PREVIOUS NAME (First Name, Middle, Surname)	<div>REASON FOR CHANGE</div> <div><input type="checkbox"/> MARITAL STATUS CHANGE <input type="checkbox"/> LEGAL NAME CHANGE <input type="checkbox"/> PREFERRED FIRST NAME <input type="checkbox"/> CORRECT SPELLING</div> <div>Note: If the reason is other than to correct spelling, you must attach two pieces of identification to support the change, one being a photo identification in order for the change to take effect</div>
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Social Insurance Number Revision (attach a copy of new Social Insurance Card)

NEW SIN	PREVIOUS SIN
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Western Office Use:

Human Resource Records

Signature

Date