

# Data Change Form

The form is to be utilized by *former* employees of Florida State University to request update information. If you are a current employee, please update personal information through OMNI Employee Self-Service.

Complete all relevant section(s) and submit to:  
Florida State University - Compensation  
6244 University Center A  
Tallahassee, Florida 32310  
Campus Mail Code: 2410

OMNI Empl Id \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Type of Employee:     USPS     A&P     Faculty     OPS

---

## Section I: Address Change Request

---

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

---

## Section II: Name Correction

---

Employees changing their name due to marriage or divorce need to submit a **Name Change and Confidentiality Request Form** along with a copy of the social security card.

Incorrect Name information \_\_\_\_\_

Correct Name \_\_\_\_\_

---

## Section III: Social Security Correction

---

All social security corrections need to be accompany by a copy of the social security card for verification.

Social Security Number in OMNI \_\_\_\_\_

Correct Social Security number \_\_\_\_\_

---

## Section IV: Comments/Misc. Request

---

Signature \_\_\_\_\_ Date \_\_\_\_\_