



Western

Western University
Human Resources – Support Services Building - Room 5100
London, ON N6A 3K7

Tel: (519) 661-2194 Fax:(519) 661-4104

PERSONAL DATA FORM

This form is to be used by individuals who need to change some details regarding their personal information which is used by Human Resources. For individuals who are currently a student or were previously a student, the personal data provided here will be synchronized with information on Western's student records system as early as December 2008.

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. Please log in to the application at www.uwo.ca/humanresources with your Western user account and password to provide bank account information.

EFFECTIVE DATE (YYYY-MM-DD)		STUDENT NUMBER
NAME (First Name, Middle, Surname)	SIN	UWO 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)	REASON FOR CHANGE <input type="checkbox"/> MARITAL STATUS CHANGE <input type="checkbox"/> LEGAL NAME CHANGE <input type="checkbox"/> PREFERRED FIRST NAME <input type="checkbox"/> CORRECT SPELLING
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	

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
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Signature

Date