

Personal Data Form
Western University
Human Resources – Support Services Building - Room 4159
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, Western 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.

Employee Information

NAME	WESTERN ID NUMBER	STUDENT NUMBER
PHONE NUMBER	Home Cell	SIN
EFFECTIVE DATE OF CHANGE		
YYYY - MM - DD		

Name Change

REASON FOR CHANGE	Marital Status Change Correct Spelling	Legal Name Change Preferred First Name	Please attach two pieces of identification to support the change, one being a photo ID (not required for spelling corrections or Preferred First Name).
PREVIOUS LEGAL NAME	First	Middle	Last
NEW LEGAL NAME	First	Middle	Last
PREFERRED/CHOSEN	First	Your preferred or chosen first name is the first name you commonly go by, and differs from your legal first name. Limited to specific services where legal name is not required e.g. Western ONECard (replacement fee may apply); Western email & OWL Display Name. My Human Resources will display your legal name.	

Address Change

COUNTRY	ADDRESS		
CITY	PROVINCE/STATE	POSTAL CODE/ZIP	

Correction / Revision

REVISED BIRTH DATE	Please attach two pieces of identification to support the change, one being a photo ID.		
	YYYY - MM - DD		
NEW SOCIAL INSURANCE NUMBER	Please attach copy of new Social Insurance Number.	PREVIOUS SIN	

Signature _____

Date _____