



DIRECTORY INFORMATION 2007-2008

Name/Nombre _____
Print/Escribir en letra de molde (As written on your social security card)

Name Change only/Cambio Nombre: _____
(submit new social security card)

Social Security Number/Numero Social _____/_____/_____

Mailing Address/Domicilio: _____
Street/Calle

City /Ciudad State/Estado Zip/Codigo Postal

Phone/Telefono Cell/ Telefono celular e-mail-Correo Electronico

Position/Puesto Campus-Dept./Escuela-Dpto.

Notify in Case of Emergency/En caso de emergencia Telephone/Telefono

It is your responsibility to update your information and submit it to the personnel office whenever there has been a change. It is imperative that we have current phone numbers and addresses on file. Es la responsabilidad del empleado y es sumamente importante que estos datos de informacion se mantengan vigente en todo momento en el departamento de personal.

Initial in the appropriate space below to either restrict or make public your personal information. If you decide to make your directory information public, it will be made accessible to all vendors requesting an employee public listing. This documentation will remain on file until you decide to change your status of directory information with personnel office.

Marcar con iniciales las informacion que se quiera restringir al acceso publico.

Public/Publico	Restrict/Restrinjir
_____	_____
_____	_____
_____	_____
_____	_____

Social Security Number/Numero Social
Home Address/Domicilio
Telephone/Telefono
Reveal whether the employee has family members/Revelar si el Empleado tiene familiares

Signature/Firma _____

Date/Fecha _____

