

UNIVERSITY OF ARKANSAS AT MONTICELLO

DATA INFORMATION CHANGE FORM

SOCIAL SECURITY NUMBER: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

HIGHEST DEGREE COMPLETED: ASSOCIATE, BACHELOR'S, MASTER'S, PH.D.

CHECK DISTRIBUTION:

ELECTRONIC DIRECT DEPOSIT: _____

PICK UP AT DEPARTMENT: _____

MAIL TO HOME ADDRESS: _____

IN THE EVENT OF MY DEATH, I AUTHORIZE AMOUNTS DUE ME FROM UAM FOR PAYMENT OF ANY SALARY, VACATION PAY, DEPOSITS, OR REFUNDS TO THE BENEFICIARY LISTED BELOW:

NAME AND ADDRESS OF BENEFICIARY: _____

TELEPHONE NUMBER: _____

SIGNATURE _____ DATE _____