

## Medical Residents

### Updated Contact Information

<b>Social Security Number:</b>	_____		
<b>Employee Name:</b>	_____		
	Last, First and middle initial		
<b>Prior Name:</b>	_____		
	If you changed your name because of marriage, divorce, etc., enter the name used when you were a medical resident.		
<b>Dates of Residency:</b>	_____		
<b>Address:</b>	_____		_____
	Number and Street or P.O. Box Number		Apt. No.
	_____	_____	_____
	City	State	Zip Code
<b>Telephone:</b>	_____	<b>Email:</b>	_____
	Note: If foreign address, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering the postal code. Please do not abbreviate the country name.		

**SIGN HERE** 

Date: \_\_\_\_\_

Please return form to:

Medical Resident FICA Project  
The University of Oklahoma Health Sciences Center - Human Resources  
P.O. Box 26901, SCB 118  
Oklahoma City, OK 73126-0901

Alternatively, this form may be hand delivered on the Oklahoma City campus to Human Resources, Room 118 in the Services Center Building or faxed to: (405) 271-3551 or scanned & emailed to: residentficaproject@ouhsc.edu.