

**Change of Name/Address Form**

**Minooka School District #201**

**Check All That Apply: Print Clearly**

Name Change\*

Address Change

**Change Effective Date:** \_\_\_\_\_

\_\_\_\_\_  
Last Name on File

\_\_\_\_\_  
First Name

\_\_\_\_\_  
New Last Name (If applicable)

\_\_\_\_\_  
Position

\_\_\_\_\_  
School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Cell #

New? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**\*For name change you must contact the Business Office.**

**For Office Use Only**

	A/P
	P/R
	Dental
	Health
	Life
	Vision