



**HIGHLINE SCHOOL DISTRICT  
CHANGE OF ADDRESS/NAME FORM**

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

**New Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Telephone Number:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Before we can process a name change in our system, we will need a copy of your new social security card for your file.**

**Former Legal Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**New Legal Name**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_