

# Pontiac School District

## CHANGE OF ADDRESS/NAME CHANGE

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

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

School: \_\_\_\_\_ Position: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

Old Phone Number: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

New Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name changes cannot be made without proof of Social Security Card with the new name.

New Name: \_\_\_\_\_

\_\_\_\_\_

Human Resources Use Only: Completed by: \_\_\_\_\_

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