



COMPTON UNIFIED SCHOOL DISTRICT
Human Resources Department

CHANGE OF ADDRESS/ NAME FORM

To change your name or address in our database, please submit this form, completed and signed to the Human Resources Department.

I am a (check one) <input type="checkbox"/> Certificated Employee <input type="checkbox"/> Classified Employee <input type="checkbox"/> Other: _____
I am requesting a change of <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Phone # only

New Phone # _____ Name: _____

CHANGE OF NAME (Classified Employees only)	
You must present original valid driver's license and social security card to confirm your change of name. (print or type)	
NEW NAME (Last Name, First Name and Middle Name):	Last four digits of your SS#:
Name as it currently appears in CUSD Records:	Date of Birth (MM/DD/YYYY)
Reason for requesting change (e.g. marriage, divorce, etc.):	

CHANGE OF ADDRESS(print or type)		
NAME (Last Name, First Name and Middle Name):	Last four digits of your SS#:	Date of Birth:
PREVIOUS ADDRESS		
NO. AND STREET, APT., SUITE: _____		
CITY, STATE AND ZIP CODE: _____		
NEW ADDRESS		
NO. AND STREET, APT., SUITE: _____		
CITY, STATE AND ZIP CODE: _____		

Current Position:	Work Location:
District email:	Phone Number:
I hereby request that all records in the Compton Unified School District System bearing my former name/address be changed to show my new information. I certify that the following information is true and correct under penalty of perjury.	
Signature:	Date: