



Address or Name Change Notice

Please Print Clearly

Instructions: Please complete and submit to the Human Resource Department at the District Office. If a name changed, please bring in your Social Security Card with your new name to the district office.

Social –Last Four Digits	Name (First, Last) NOTE- Enter former name her if name is being changed.	Date
Certificated	Position Title	Classified

Enter ONLY items, which are to be changed.

Previous Last Name	New Last Name	First Name	
Old Street Address	Old City	State	Zip Code
New Street Address	City	State	Zip Code
Mailing Address	Same as above	City	State
			Zip Code
New Home Phone	New Mobile Phone	Other	

I hereby certify the above information is correct and agree to notify Human Resources. I further agree that the address given above, or as so changed, is to be considered as my last known address.

Signature: _____

Date: _____