

Cumberland Regional School District

NAME and ADDRESS/PHONE CHANGE FORM

In order to change your name, address and/or phone in the official district records, this form must be completed. Once received, the district will update their official recordkeeping software and notify group healthcare providers. You are responsible for notifying supplemental carriers and pension to avoid missing critical notices. Send completed form to Jackie Jackson via email at <mailto:jackson@crhsd.org>. Thank you!

<input type="checkbox"/> Name Change (only complete this section if you have a name change)	
Previous Name:	
New Name:	
Effective Date:	
*Must attach copy of new social security card showing new name.	

<input type="checkbox"/> Address/Phone Change (only complete this section if you have an address change)	
Name:	
Street:	
City, State, ZIP:	
Home Phone:	<i>Indicate Preference</i> <input type="checkbox"/>
Cell Phone:	<input type="checkbox"/>
Effective Date:	
*If there is No Change in any row above, enter "N/C" on that row.	

Employee Signature

Date

For Business Office Use Only

Received: _____

Name/Email & Address Changes

Name/Email Changes Only

Entered CSI & EE db	Entered Frontline Central	Healthcare Notified	Accts Payable Notified	Copy to Super. Sec. to File	Payroll Notified	IT/ESS Notified	Entered in EBC Sheet
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