

# PERSONAL INFORMATION UPDATE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SSN: \_\_\_\_\_ EIN \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_

TYPE OF CHANGE: (Check all that apply)

Name\*     Address     Telephone  
(Primary Contact #)     Marital Status  
(Specify Single or Married)

**\*NOTE:** Name changes should be brought to the Board of Education office, and ***must*** be accompanied with the new Social Security Card reflecting the name change.

List all changes and/or updates below:

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Effective date of change(s): \_\_\_\_\_

Employee Signature\*: \_\_\_\_\_

- Certified** Employee: Return electronic update form to [lisa.stevenson@hardin.kyschools.us](mailto:lisa.stevenson@hardin.kyschools.us)
- Classified** Employee: Return electronic update form to [stephanie.partlo@hardin.kyschools.us](mailto:stephanie.partlo@hardin.kyschools.us)

Forms not completed electronically should be returned as soon as possible to:

Central Office  
The Office of Human Resources  
HARDIN COUNTY SCHOOLS

**ALL UPDATES RECEIVED IN THE PERSONNEL OFFICE WILL BE FORWARDED TO THE APPROPRIATE DEPARTMENTS AT CENTRAL OFFICE**

Received in the Human Resources Office (INITIALS/DATE): \_\_\_\_\_