

**CALCASIEU PARISH SCHOOL BOARD  
FEDERAL PROGRAMS DEPARTMENT**

2423 6<sup>TH</sup> Street

LAKE CHARLES, LA 70601

Phone: 337-217-4170 Ext. 2408 Fax: 337-217-4173

*Form NP-C*

**NON-PUBLIC SCHOOL EMPLOYEE INFORMATION CHANGE FORM**

**Employee Name:** \_\_\_\_\_  
Last First Middle Maiden

**Social Security #:** \_\_\_\_\_

**Department/School:** \_\_\_\_\_

**Job Title/Position:** \_\_\_\_\_

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

**NAME CHANGE:** (Legal document reflecting name change **must** be attached):  
Name exactly as it should appear in your personnel file:

\_\_\_\_\_  
Last First Middle

**ADDRESS CHANGE:**

**NEW Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**OLD Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER CHANGE:**

**NEW Telephone Number:** \_\_\_\_\_ **CELL Phone Number:** \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:**

Your home address and telephone number will **NOT** be released to salesmen or other third parties unless you write in the words **PLEASE RELEASE** in the following blank:

\_\_\_\_\_

**The Federal Programs Dept. will forward this change form to the Personnel Department and Accounts Payable Department.**

Revised July 2016