

Highland School District #203
PERSONAL INFORMATION CHANGE FORM
Please PRINT CLEARLY and sign and date at the bottom of the form.
Return to District Office
Except for NAME changes, you may return via district mail.

Type of Change (check all that apply)

____ **Name**

Bring in person to District Office.

1. New W-4 (available at the DO)
2. Social Security Card reflecting name change or copy of receipt from Social Security confirming application for new card
3. I-9 (with two of the sections completed; Section I with OLD name; Section III with new name). Section II must be completed by District Office Staff in your presence. (available at the DO)

____ **Emergency Contact**

____ **Telephone**

____ **Address**

____ **Marital Status**

Employee Name _____

New Name _____

Employee Home Phone _____

Employee Cell Phone _____

Street Address _____

City, State, Zip _____

Emergency Contact _____

Emergency Contact Phone _____

Marital Status ____ **Married** ____ **Single**

Employee Signature _____ *Date* _____

Building/Dept. _____