



# Kannapolis City Schools

100 DENVER STREET  
KANNAPOLIS, NC 28083-3609

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<http://www.kannapolis.k12.nc.us>  
[HMResources@vnet.net](mailto:HMResources@vnet.net)

TO: KANNAPOLIS CITY SCHOOLS

<b>NAME/ADDRESS CHANGE FORM</b>
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Type of change:                    \_\_\_ Name                    \_\_\_ Address                    \_\_\_ Phone

1. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
2. NAME: \_\_\_\_\_
3. STREET: \_\_\_\_\_ Apt. # \_\_\_\_\_
4. CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
5. Home phone (    ) \_\_\_\_\_ - \_\_\_\_\_
6. Previous name (if applicable): \_\_\_\_\_
7. Previous address (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Note to employee:** You will need to log onto <https://kcs.hrintouch.com> to make name/address changes with the State Health Plan.

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Central office Use:

\_\_\_\_\_ Finance                    \_\_\_\_\_ AESOP  
\_\_\_\_\_ ISIS                            \_\_\_\_\_ SHP  
\_\_\_\_\_ First Financial

Date changed: \_\_\_\_\_ Initials: \_\_\_\_\_

*"We are an Equal Opportunity Employer"*