

ROGUE RIVER SCHOOL DISTRICT #35  
 HUMAN RESOURCES DEPARTMENT  
 NAME and/or ADDRESS CHANGE FORM

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

SITE/DEPARTMENT: \_\_\_\_\_

PRESENTLY ON FILE	CHANGE TO
*Name:	*Name:  <small>*(Name change must be done in the Human Resource Office. Please bring proof that you have changed your name with Social Security, either new card or receipt)</small>
Physical Address:	NEW Physical Address:
Mailing Address:	NEW Mailing Address:
Home Phone:	NEW Home Phone:
Cell Phone:	NEW Cell Phone:
Personal Email Address:	NEW <i>PERSONAL</i> Email Address:

I elect to \_\_\_ RESTRICT public access to my home address and telephone number.

I elect to \_\_\_ NOT TO RESTRICT public access to my home address and telephone.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date