



**Hamshire-Fannett I.S.D. – EMPLOYEES ONLY  
Change Form for Address/Phone Number/Name Change**

**Return form to Personnel Department**

Please complete the section that applies, sign and date at the bottom.

**Address/Phone Change (please print information)**

Full Name: \_\_\_\_\_  
Last First Middle

New Address: \_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
City State Zip Code

New Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Campus/Department \_\_\_\_\_

**Name Change (please print information)**

Previous Name: \_\_\_\_\_ New Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

**Attach a copy of your new Social Security Card and Driver's License**

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