

LAKEWOOD SCHOOL DISTRICT #306

Name/Address Change Form

PLEASE PRINT

___ Name Change Only ___ Address Change Only ___ Name and Address Change

Current Information

First Name: _____

Middle Name: _____

Last Name: _____

New Information

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Effective Date of Change: _____

Employee Signature

Date

- Social Security Card Received
- Executive Admin Assistant

- Notify HR
- Accounting Technician

- Notify Information System Manager
- Building Supervisor

LAKEWOOD SCHOOL DISTRICT #306

P.O. BOX 220

LAKEWOOD, WA 98259