



Change of Information Form

**** Submit this form to hr@swccase.org ****

____ Name ____ Address ____ Phone ____ Emergency Information

Effective Date: _____

Name: _____

Old Name, if applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

New Emergency Contact Name: _____

Phone Number: _____

**** If submitting a name change ****

Please attach a copy of your social security card reflecting the name change

Office Use

Date Received: _____

Personnel: _____ Payroll: _____ Program Supervisor: _____

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Administrative Offices 6020 West 151st Street Oak Forest, Illinois 60452-1899 Phone: 708 / 687 0900 Fax: 708 / 687 5695

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159 Matteson · 160 Country Club Hills · 210 Lemont High School · 228 Bremen High School · 230 Consolidated High School*