SNOHOMISH SCHOOL DISTRICT

Change of Address/Name Notification Form

Please complete the change of address, phone number, and/or name information below and submit the completed form to Human Resource Services. ***Form must be signed by the employee.***

Certificated: ☐ Classified: ☐ Substitute: ☐ Effective Date of Change:_____

☐ Change of Address, Phone or Personal Email

Name: _____

Location/Building:_____

New Mailing Address: _____

_____

New Physical Address: _____

_____

New Home Phone:_____Last 4 of SS#:_____

New Cell Phone:_____ Work Phone:_____

Email Address:_____

☐ Name Change - Must provide social security card

Previous Name:_____

New Name:_____

Location/Building:_____

Check one:

☐ **Maiden Name** ☐ **Prior Legal Name**

☐ Please list all household members to which this change applies.

If additional space is needed, please use reverse side of this form.

Family Member's Name	Relationship	Student's Location

Signature:_____ **Date**:_____

For HR Use:
Date Received:_____ Initial:_____

Copied to: ☐ Payroll ☐ Employee File ☐ Sub Services Rev. 9/2025