

**ORANGE UNIFIED SCHOOL DISTRICT  
CHANGE OF ADDRESS/PHONE**

*Certificated* \_\_\_\_\_ *Classified* \_\_\_\_\_

**Please Print or Type**

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Address: \_\_\_\_\_  
*Number* *Street* *Unit/Apt.*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employee ID: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Note: If you wish to have an unlisted telephone number, be sure to circle your number. .**

**\*\*\*PLEASE RETURN THIS FORM TO HUMAN RESOURCES\*\*\***