



Central Unified School District  
4605 N. Polk Avenue  
Fresno, CA 93722

### NAME / ADDRESS CHANGE - REQUEST FORM

- ☐ Certificated Employee
- ☐ Classified Employee
- ☐ MSC Employee
- ☐ Substitute - Certificated
- ☐ Substitute - Classified

**District Email Users:** Changing your name will automatically generate the issuance of a *new* district email address under your *new* name. The email address associated with your *former* name will be deactivated after a period of 45-days.

#### ☐ NAME CHANGE:

NEW: \_\_\_\_\_  
Last First Middle

FORMER: \_\_\_\_\_  
Last First Middle

**NOTE:** A copy of your driver's license and social security card reflecting the new name is required to process this request and take effect.

#### ☐ ADDRESS CHANGE

Employee Name: \_\_\_\_\_  
Last First Middle

Phone: (\_\_\_\_) \_\_\_\_\_

New: \_\_\_\_\_  
Street Address City State Zip

New Phone: (\_\_\_\_) \_\_\_\_\_

Former: \_\_\_\_\_  
Street Address City State Zip

Site/Dept: \_\_\_\_\_

Position: \_\_\_\_\_

**Acknowledgement:** I authorize the changes above and understand that my request will not be processed if it is in any way incomplete. I will also make any necessary changes to my Emergency Card.

|                                            |           |      |
|--------------------------------------------|-----------|------|
| LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER | SIGNATURE | DATE |
|                                            |           |      |

PLEASE RETURN THIS FORM TO HUMAN RESOURCES

Revised: 3.27.2007cb; 4.11.2014 ec