TO: HUMAN RESOURCE DEPARTMENT Attention: Brianna Moran (Certified Staff)

Nichole Conaway (Classified Staff)

RE: Change of Name and/or Address

<u>Please Note</u>: If you are both an employee <u>and</u> a district parent, you will be required to change your address with the school(s) that your child(ren) attend. Proof of residence or additional forms may be required.

CHA	NGE OF NAM	E AND/OR ADDR	ESS FORM	
Today's Date:	Effective Date of Change(s):			
New Legal Name with Cha	nges* (if applicable):		to Divorce Legal Change of Name	
			mentation <i>(marriage license, divorce decree,</i> cial Security Card to update your I-9 Form.	
New Address:	(Street Address)	reet Address) (Apt / Lot / Trlr / PO Box # - Please Specify)		
	(City)	(State)	(Zip)	
Phone Number(s):	☐ Home Phone:☐ Cell Phone:☐ Other Phone:Please indicate which nur	()		
Assigned Building:				
Employee Type:	☐ Teacher [Custodial/Maintenance Admin Asst/Clerk/Para	_	
the Human Resource Proce	ss: Network Login/Dr	rive Skyward/Infinite Cam incerns regarding the timing of chan	nce this form has been routed through npus Access Email* Phone nges to your email account so that those sending	
Signature:		Date:		
	yable, and Data Processing		dministrative and Human Resources, uilding Administrative Assistant and/or	
For HR Department Use Only Marriage Certificate Verifie cc Payroll Department	d Divorce	Decree Verified fits Department	☐ Social Security Card Verified☐ cc Accounts Payable	