



# 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.**

Certified:  Classified:  Substitute:  Effective date of change: \_\_\_\_\_

## Change of address/phone/email

Name: \_\_\_\_\_

Location/Building: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

New Physical Address: \_\_\_\_\_

New Home Phone: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

New Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Change of name - Must provide social security card

Previous Name: \_\_\_\_\_


New Name: \_\_\_\_\_

Location/Building: \_\_\_\_\_

## 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 HRS Use:

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_

Copied to:  Payroll  Employee File  Sub Services