

CHANGE OF INFORMATION FORM

Use this form to change name, address, and/or phone number. Please fill out all areas or write same if there is no change. **Please return immediately to the Personnel Technician in the District Office.**

NAME _____

POSITION _____ SITE _____

• **NEW INFORMATION – PLEASE PRINT**

New Name _____
(We will need to see your Original Social Security Card in your new name.)

New Address _____

New Telephone _____

• **PREVIOUS INFORMATION – PLEASE PRINT**

Previous Name _____

Previous Address _____

Previous Telephone _____

Signature

Date

Please Return This Form To The Human Resources Department At The District Office