

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 _____
(Please contact the Social Security office immediately with name change.)

New Address _____

New Telephone _____

• **PREVIOUS INFORMATION – PLEASE PRINT**

Previous Name _____

Previous Address _____

Previous Telephone _____

• **I authorize the District Office to post my information on the District's secure District Directory that is only accessible by District Employees as follows:**

_____ Home address and phone number

_____ Home address only

_____ Phone number only

_____ Name only

(If no response is checked, your address and phone number will be listed)

Signature

Date

**Please Return This Form To:
Personnel Technician, District Office**