

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

NON-DISCRIMINATION STATEMENT: The Roseville Joint Union High School District is committed to equal opportunity for all individuals. District programs, activities and services shall be free from unlawful discrimination, harassment, intimidation, and/or bullying based on actual or perceived characteristics of race, color, ancestry, nationality, immigration status, age, ethnicity, religion, marital status, medical information, mental or physical disability, sex, sexual orientation, gender, gender identity, gender expression, genetic information, or any other legally protected status or association with a person or group with one or more of these actual or perceived characteristics. For inquiries/complaints, contact our Title IX Coordinator, Assistant Superintendent of Human Resources, Brad Basham at (916) 782-8663 or by email at bbasham@rjuhsd.us.



State of California
 Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213

CTC Use Only	
Initials: _____	
<input type="checkbox"/>	No change needed
<input type="checkbox"/>	Change needed:
<input type="checkbox"/>	SSN <input type="checkbox"/> DOB <input type="checkbox"/> Name

Request to Change Name or Personal Profile

Use this form to submit changes or corrections to your personal information on file with the Commission. First, complete Section A, Personal Information. If you are updating your SSN or ITIN, complete Section B. If you are updating your Date of Birth, complete Section C. If you are updating the name the Commission has on file for you, complete Section D. This form is only valid if it has your signature and date of signature at the bottom of page 2. Incomplete or illegible forms or supporting documents will be not be processed. All supporting documents become property of the Commission.

A. PERSONAL INFORMATION (*required*)

Current Full Legal Name (Print):		
Social Security (SSN) or Individual Tax ID Number (ITIN):		Date of Birth (mm/dd/yyyy):
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Message Phone:
Email Address:		

**CHANGES TO YOUR MAILING OR EMAIL ADDRESS CANNOT BE COMPLETED USING THIS FORM;
 ADDRESS CHANGES MUST BE COMPLETED ONLINE.**

B. COMPLETE THIS SECTION FOR SSN/ITIN CHANGE/CORRECTION

My full legal name:		
_____	_____	_____
First	Middle	Last
Information previously submitted to the Commission (if known): SSN/ITIN _____ - _____ - _____		
Request SSN/ITIN to be changed to: _____ - _____ - _____		
To verify SSN/ITIN - YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE SSN/ITIN CHANGE/CORRECTION		
Complete 41-NC sections A and B, sign and date		
Copy of Social Security Card or ITIN		
Copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)		

C. COMPLETE THIS SECTION FOR DATE OF BIRTH CORRECTION

My full legal name:		
_____	_____	_____
First	Middle	Last
Information previously submitted to the Commission (if known): Date of Birth _____		
	Month	Date Year
Request Date of Birth to be corrected to: _____		
	Month	Date Year
Verify Date of Birth - YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE DATE OF BIRTH CORRECTION		
Complete 41-NC sections A and C, sign and date		
Copy of valid government issued ID (driver's license, passport, military ID card, Permanent Resident card, etc.)		

D. COMPLETE THIS SECTION FOR NAME CHANGE

Former full legal name (name the Commission currently has on file):

_____ / _____ / _____
First Middle Last

I request my name be changed to:

_____ / _____ / _____
First Middle Last

NAME changed due to:

Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of endorsed marriage certificate
- Copy of Social Security Card or ITIN stating married name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Superior Court – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Certified copy of completed, endorsed *Decree of Changing Name*
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Dissolution of Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of *Dissolution* (endorsed) which states “the former name restored,” and/or endorsed copy of Ex Parte Application for Restoration of Former Name
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Citizenship – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- Complete 41-NC sections A and D, sign and date
- Copy of Certificate of Naturalization
- Copy of Social Security Card or ITIN stating new name
- Copy of valid government issued ID **with new name** (driver’s license, military ID card, Permanent Resident card, etc.)

Correction – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- NOTE:** Corrections are for misspellings and typos only
- Complete 41-NC sections A and D, sign and date
- Copy of valid government issued ID **with correct name** (driver’s license, military ID card, Permanent Resident card, etc.)

Signature _____ Date: _____

By signing this document, I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.

For processing, send this completed form and all required supporting documentation to the Commission at:

Commission on Teacher Credentialing
 Certification Division
 1900 Capitol Avenue
 Sacramento, CA 95811-4213
 ATTN: Educator Profile Change Request