



**Human Resource Services Division**  
 4100 Normal St., Annex 9  
 San Diego, CA 92103  
 (619) 725-8000

## Address or Name Change Notice

**Please Print Clearly**

Instructions: Please complete and submit to Human Resource Services Division at the Education Center. If a name is changed, a new W-4 form must be completed and a copy of your Social Security Card with your new name must be attached.

Employee ID Number	Name (Last, First , Middle) NOTE:Enter former name here if name is being changed	Effective Date of Change (Month / Day / Year)
School or Department	Position Title	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified

**Enter ONLY items which are to be changed.**

New Last Name	New First Name	New Middle Name	
New Street Address	New City	New State	New Zip Code
New Home Phone	New Mobile Phone	New Work Phone	
New Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Any Additional Information		

I hereby certify that the above information is correct and agree to notify Human Resource Services Division promptly (on a similar form) or any and all subsequent changes or address. I further agree that the address given above, or as so changed, is to be considered as my "official" or "last known" address, and not any other address given by me or purported to be mine.

Signature: \_\_\_\_\_

Date \_\_\_\_\_