

CHINO VALLEY UNIFIED SCHOOL DISTRICT NO. 51
Human Resources

Change of Name, Address and/or Phone Form

Please print all information

Administrative Certified Classified Substitute Coach

I Am Changing: Name Address Phone

Previous Name: _____ SSN: _____-____-_____
Current Name: _____ (Full name as it shows on SSN)
Current School / Department: _____

Old Address: _____
City: _____ State: _____ ZIP: _____
Previous Phone: () _____-_____

New Address: _____
City: _____ State: _____ ZIP: _____
New Phone: () _____-_____
List Physical address if different from mailing Address: _____
City: _____ State: _____ ZIP: _____

Effective Date of Change: _____

Signature: _____ Date: _____

Human Resources: Changed By: _____ Date: _____ Routed to:
Payroll: _____ Business Office: _____ IT: _____ School / Dept: _____

Attachments: Marriage License Court Decree Drivers License SS Card