

ROGUE RIVER SCHOOL DISTRICT #35
 HUMAN RESOURCES DEPARTMENT
 NAME and/or ADDRESS CHANGE FORM
PLEASE FILL OUT ONLY IF CHANGES NEEDED

NAME: _____

SITE/DEPARTMENT: _____

PRESENTLY ON FILE	CHANGE TO
*Name:	*Name: *(Name change must be done in the Human Resource Office. Please bring proof that you have changed your name with Social Security, either new card or receipt)
Physical Address:	NEW Physical Address:
Mailing Address:	NEW Mailing Address:
Home Phone:	NEW Home Phone:
Cell Phone:	NEW Cell Phone:
Personal Email Address:	NEW PERSONAL Email Address:

Employee Signature

Date