

LAKESIDE SCHOOL DISTRICT

NAME/ADDRESS/PHONE CHANGE FORM

*Please return this form to the Central Office*

Please change the following information in my file:

Current name as shown on my check is: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**I. NAME CHANGE:**

(A copy of your new Social Security card with new name must be attached or your files cannot be corrected.)

New Name on my Social Security Card is:

\_\_\_\_\_  
(Please Print)

**II. ADDRESS/PHONE CHANGE:**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Street Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Please use this number for the Alert Now Notification System (check if yes)

I am assigned to this school or location: \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\*

For Central Office Use Only. Please initial after changes are made in your department:

Address/Phone/Name Corrected:

Payroll Screen: \_\_\_\_\_

Vendor Screen: \_\_\_\_\_

Benefits: \_\_\_\_\_

Alert Now System: \_\_\_\_\_

Form sent to Teacher Retirement: \_\_\_\_\_

Employee Phone Directory: \_\_\_\_\_

Personnel File: \_\_\_\_\_

Employee E-mail: \_\_\_\_\_

(2/07/2011)