

EVERETT PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT
CHANGE OF ADDRESS / NAME FORM

Name: _____
(Please Print Name)

Employee ID: _____

Location: _____

My new mailing address and phone number for any future correspondence is:

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Effective date: _____

E-Mail: _____

My new name for any future correspondence is:

*(name changes cannot be completed until Human Resources has a copy of your new
signed social security card)*

Previous name: _____

New name*: _____

*** Attach a copy of your new social security card**

Signature: _____

Date: _____