



# Change of Name and/or Address Form

Please Print or Type All Information

Administrative <input type="checkbox"/>	Certified <input type="checkbox"/>	Classified <input type="checkbox"/>	Substitute <input type="checkbox"/>	Coach <input type="checkbox"/>
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Employee: \_\_\_\_\_  
Last Name
First Name
MI

Last 4 of SSN: XXX-XX-\_\_\_\_\_ Employee ID #: E 0 0 0 \_\_\_\_\_

Current Location: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

<b><u>Name Change:</u></b>			
<b>Former Name:</b> _____			
Last Name	First Name	MI	
<b>New Name:</b> _____			
Last Name	First Name	MI	
* LEGAL DOCUMENTATION MUST BE PROVIDED FOR A NAME CHANGE			

<b><u>Address/Phone Change:</u></b>			
<b>Previous Address:</b> _____			
Street			Apt.
City	State	ZIP	Phone #
<b>New Address:</b> _____			
Street			Apt.
City	State	ZIP	Phone #
<b>New Address:</b> _____			
Street			Apt.
City	State	ZIP	
<small>REQUIRED if different from mailing address</small>			

<b><u>Personal Email Change</u></b>	
_____	_____
Previous Email	New Email

**Return form to the Human Resources Department  
425 East Ninth Street, P.O. Box 30425  
Reno, NV 89520-3425**

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

Human Resources: _____	Changed by: _____	Date: _____
Route: Payroll _____	Business _____	Risk Management _____
		Position Control _____