

CHANGE OF ADDRESS / NAME

Lakeport Unified School District

Name: _____
Last First M.I.

Change of Name

New Name: Mr. Mrs. Ms. _____
Last First

Copy of Social Security Card must be provided to Payroll for all name changes

Change of Address/Contact Information

New Mailing Address: _____
Street Address City State Zip Code

New Physical Address: _____
(Indicate if same as mailing address) City State Zip Code

New Phone Number: (____) _____ (____) _____
(If Applicable) Home Cell/Alternate

Change Effective Date: _____

Employee Signature

Date

For Office Use Only:

STRS/PERS CTA SISC District Office Escape

Date