Rich Township High School District 227

Change of Name/Address Form

Please complete this form and send it to the Human Resources Office.

(FOR NAME CHANGE ONLY) The Social Security Administration requires that we verify a name change by asking for a copy of you new Social Security card. If you are reporting a name change, please attach a copy of your new Social Security card to this form. **We cannot change you name until we receive a copy of your new Social Security card.**

NEW Name:_____ Social Security Number_____-_____-_____
Last First Middle/Maiden

Former Name:_____ Effective Date of Change_____
Last First Middle/Maiden month day year

NEW Address_____Effective Date of Change _____
Number and street City State Zip month day year

Former Address _____
Number and Street City State Zip

NEW Home Phone:_____-_____-_____ Effective Date _____
month day year

CERTIFICATION

I certify that my name, address, and or phone number was changed as shown.

_____ Check ONE _____ active employee
Signature Date

_____ retired employee

_____ _____-_____-_____
Print name Social Security Number