



**LINDSAY UNIFIED SCHOOL DISTRICT
REQUEST FOR CHANGE IN PERSONAL INFORMATION**

Name: (as shown on Personnel records)

_____	_____	_____
First	Middle	Last
_____	_____	XXX-XX-
Site	Position	Social Security Number

_____	_____
Employee's Signature	Date

I request the following change(s) be made:

- **New Name:** *(Requires proof of name change by Social Security Card only. By law, your name and Social Security Number must match payroll records.)*

_____	_____	_____
First	Middle	Last

- **New Address:**

NEW Home Address _____

_____	_____	_____
City	State	Zip Code

- **New Telephone Number(s):**

(_____) _____	(_____) _____
Area Code NEW Home Telephone Number	Area Code NEW Second Telephone Number

For District Office Use Only:

Change made in Personnel by: _____ on _____ (date)

Change made in Payroll by: _____ on _____ (date)