

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 your 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 _____ month _____ day _____ year
Last First Middle/Maiden

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

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.

Signature _____ Date _____ Check ONE _____ active employee
_____ retired employee

Print name _____ Social Security Number _____ - _____ - _____