



## 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:** \_\_\_\_\_

**Name Change:**

**Former Name:** \_\_\_\_\_  
Last Name
First Name
MI

**New Name:** \_\_\_\_\_  
Last Name
First Name
MI

*\* LEGAL DOCUMENTATION MUST BE PROVIDED FOR A NAME CHANGE*

**Address/Phone Change:**

**Previous Address:** \_\_\_\_\_  
Street
Apt.

\_\_\_\_\_

City

State

ZIP

Phone #

  

**New Address:**  
*(mailing)*

\_\_\_\_\_

Street

Apt.

\_\_\_\_\_

City

State

ZIP

Phone #

  

**New Address:**  
*(physical) REQUIRED*  
*if different from mailing address*

\_\_\_\_\_

Street

Apt.

\_\_\_\_\_

City

State

ZIP

**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 \_\_\_\_\_