

NEW HAVEN UNIFIED SCHOOL DISTRICT



ADDRESS / NAME CHANGE REQUEST FORM

NOTE TO ALL STAFF: In addition to completing this form, name changes need to be reported to your medical/dental insurance carriers. Forms are available in Personnel Services.

NOTE TO CERTIFICATED STAFF: Name change must also be made on credential by filing for a change of name with the CTC (Commission on Teacher Credentialing). There is a \$27.50 fee per credential for name changes. Forms are available in Personnel Services.

Current Name _____ SSN _____

New Name _____

Current or New Address

Current or New Phone () _____

Date of Birth _____

Work Location _____

Effective Date _____

Employee Signature _____

