



# Lexington Independent School District

## Employee Change of Address Form

Please complete form and return to Renee Dodd at Central Office or email a copy to  
doddr@lexingtonisd.net

Effective Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Assigned Campus: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

New Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Changes made by: \_\_\_\_\_ Date: \_\_\_\_\_

