

HAZEL CREST SCHOOL DISTRICT 152 ½

Human Resources

Address/Name Change Form

First Name _____	Last Name _____
(Current/Previous)	
Location _____	Position _____
<u>Current/Previous Address</u>	
Address _____	City _____ State ____ Zip _____
Phone Number _____	

New Address

Address _____	City _____	State ____	Zip _____
Phone Number _____			
Employee Signature _____		Date _____	

Name Change

First Name _____	Last Name _____
<p>Note: Name changes must be accompanied by a verifying document, such as a marriage license, Social Security Card, divorce decree, or any other legal documentation issued by the court.</p>	
Employee Signature _____	Date _____

Completed Forms and supporting documentation should be brought or sent to Human Resources for processing.