Change of Name and/or Address Form

(for current District Employees only)

Please Print or Type All Information

Administrative ☐ Certified ☐ Classified ☐ Substitute ☐ Coach ☐

Employee: _____ _____ _____

Last Name **First Name** **MI**

Last 4 of SSN: XXX-XX-_____ **Employee ID #:** _____

Current Location: _____ **Effective Date of Change:** _____

Name Change:

Previous Name:_____ _____ _____

Last Name First Name MI

Current 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 #

Current Address: _____ _____

(mailing) Street Apt.

_____ _____ _____ _____

City State ZIP Phone #

Current Address: _____ _____

*(physical)**REQUIRED*** Street Apt.

if different from _____ _____ _____

mailing address 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 _____