

**DOUGLAS COUNTY SCHOOL SYSTEM  
HUMAN RESOURCES**

**CHANGE OF PERSONAL INFORMATION FORM**

<b>NAME:</b>	<b>ID NUMBER:</b>
<b>LAST 4 OF SOCIAL SECURITY NUMBER:</b>	<b>DATE:</b>
<b>LOCATION:</b>	<b>POSITION:</b>

<b>CURRENT:</b>	<b>CHANGE TO:</b>
Name:	Name:  <b>***If you are requesting a name change you <u>must</u> attach a copy of your new social security card showing the name you indicate here in order for Human Resources to process a name change in our database.</b>

**\*\*\*For Name Change Only: See Office Manager to request a new badge.**

<b>CURRENT:</b>	<b>CHANGE TO:</b>
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone:	Home Phone:
	Cell Phone:
	Email:
Signature:	Date:

**PLEASE SEND THIS FORM TO HUMAN RESOURCES**

<b>For Human Resources Use Only</b>
<b>Copy To:</b> • Finance Department