



PERRIS UNION

HIGH SCHOOL DISTRICT

NOTICE OF CHANGE OF INFORMATION

PHONE NUMBER / ADDRESS / NAME / EMERGENCY CONTACT

Instructions: Please **Print Clearly** the information that you would like updated in your employment file. When entering a *Name Change*, you **MUST** present your new social security card that matches the name exactly. Name not matching your social security card and/or unreadable information cannot be updated.

PERSONAL INFORMATION



Employee ID#: (REQUIRED)

Birthdate:

Last Name:

First Name:

CHANGE OF PHONE NUMBER



Primary:

Secondary:

☐ Home ☐ Cell ☐ Other: _____

☐ Home ☐ Cell ☐ Other: _____

NEW OR CORRECT RESIDENCE ADDRESS



Effective Date of New Address:

New Address Line 1:

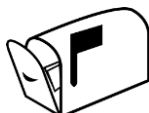
New Address Line 2:

City:

State:

Zip Code:

NEW OR CORRECT MAILING ADDRESS



ONLY IF DIFFERENT FROM RESIDENCE ADDRESS

New Address Line 1:

New Address Line 2:

Suite/Apt. #:

City:

State:

Zip Code:

EMERGENCY CONTACT



IN CASE OF EMERGENCY PLEASE CONTACT:

☐ CHANGE PRIMARY

☐ CHANGE SECONDARY

Name:

Relationship:

Primary Phone #:

Alternate Phone #:

CHANGE OF NAME



YOUR NEW SOCIAL SECURITY CARD ESTABLISHING YOUR NAME CHANGE MUST BE PRESENTED WITH THIS FORM

Name Currently on File with PUHSD:

New Legal Name:

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Signature: (REQUIRED)

Date: