



**COMPTON UNIFIED SCHOOL DISTRICT**  
Human Resources Department

**CHANGE OF ADDRESS/ NAME FORM**

To change your name or address in our database, please submit this form, completed and signed to the Human Resources Department.

I am a (check one) <input type="checkbox"/> Certificated Employee <input type="checkbox"/> Classified Employee <input type="checkbox"/> Other: _____
I am requesting a change of <input type="checkbox"/> Address <input type="checkbox"/> Name <input type="checkbox"/> Phone # only

New Phone # \_\_\_\_\_ Name: \_\_\_\_\_

<b>CHANGE OF NAME (Classified Employees only)</b>	
You must present original valid driver's license and social security card to confirm your change of name. (print or type )	
<b>NEW NAME</b> (Last Name, First Name and Middle Name):	Last four digits of your SS#:
Name as it currently appears in CUSD Records:	Date of Birth (MM/DD/YYYY)
Reason for requesting change (e.g. marriage, divorce, etc.):	

<b>CHANGE OF ADDRESS(print or type)</b>		
NAME (Last Name, First Name and Middle Name):	Last four digits of your SS#:	Date of Birth: MM/DD/YYYY
<b>PREVIOUS ADDRESS</b>		
NO. AND STREET, APT., SUITE: _____		
CITY, STATE AND ZIP CODE: _____		
<b>NEW ADDRESS</b>		
NO. AND STREET, APT., SUITE: _____		
CITY, STATE AND ZIP CODE: _____		

Current Position:	Work Location:
District email:	Phone Number:
I hereby request that all records in the Compton Unified School District System bearing my former name/address be changed to show my new information. I certify that the following information is true and correct under penalty of perjury.	
Signature:	Date: