

**EAST BATON ROUGE PARISH SCHOOL SYSTEM  
OFFICE OF HUMAN RESOURCES  
NAME/ADDRESS CHANGE FORM**

Name of Employee: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

Position: \_\_\_\_\_

**PREVIOUS ADDRESS**

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code/Phone Number: \_\_\_\_\_

**NEW ADDRESS**

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code/Phone Number: \_\_\_\_\_

**NAME CHANGE (PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD)**

**NAME BELOW MUST MATCH YOUR NAME AS IT APPEARS ON THE SOCIAL SECURITY CARD**

First Name:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Middle Initial/Name:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Last Name:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

**MARITAL STATUS CHANGE (IF APPLICABLE)**

Married \_\_\_\_\_      Single \_\_\_\_\_      Widowed \_\_\_\_\_      Divorced \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_