



INFORMATION CHANGE REQUEST FORM (INCLUDING NAME CHANGE)

Human Resources Department
 501 7th Street
 Rockford, Illinois 61104
 phone: 815.966.3145, fax: 815.966.3057, email: HR@RPS205.COM

REQUEST FOR ADDRESS CHANGE

NAME: _____ EMPLOYEE ID # _____

NEW ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____
 (Please indicate which number should be listed as your primary contact: Cell Home)

E-MAIL ADDRESS: _____

REQUEST FOR NAME CHANGE

Note: If you are requesting a name change, the District cannot change your name on any District documents (i.e. pay checks, insurance) without a copy of both your **new Social Security Card **AND** **new Driver's License**.*

FORMER NAME: _____ EMPLOYEE ID # _____

First _____

MI _____

Last _____

***NEW NAME: (TO ASSIST WITH ACCURACY IN RECORD-KEEPING, IT IS IMPORTANT TO COMPLETE EACH LINE IN THIS SECTION)**

First _____

MI _____

Last _____

**SIGNATURE: _____ DATE SIGNED _____

HR Use Only: HR	Benefits
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