



INFORMATION CHANGE REQUEST FORM

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

**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.*

PLEASE PRINT

EMPLOYEE ID #: _____

EFFECTIVE DATE: _____

NAME: _____
First MI Last

*NEW NAME (If Applicable): _____
First MI Last

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: _____

SIGNATURE: _____ DATE SIGNED _____

For HR Office Use Only:

HR _____ Benefits _____