

BEVERLY HILLS UNIFIED SCHOOL DISTRICT

Change of Name/Address Form

Social Security Number ____ - ____ - ____		Last Name, First Name and Middle Initial		Check box if new name <input type="checkbox"/>
Current Address (Number, Street, Apartment)	City	State	Zip Code	
Area Code/Home Phone Number				
New Emergency Contact (Name)				
Relationship to Employee			Area Code/Contact Phone Number	

Signature of Employee

Date

School Site/Work Location

Please complete and submit to Human Resources. A social security card with the new name must be included with all name changes.