



# Little Rock School District

810 West Markham Street  
Little Rock, AR 72201

## FORM FOR REPORTING CHANGE OF NAME AND/OR ADDRESS

DATE: \_\_\_\_\_

SCHOOL/DEPARTMENT: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

LITTLE ROCK SCHOOL DISTRICT  
**HUMAN RESOURCES DEPARTMENT**  
810 WEST MARKHAM STREET  
LITTLE ROCK, AR 72201

### ATTENTION: DIRECTOR OF HUMAN RESOURCES

This is your authorization to change my personnel records in your office from:

**Name Change\*** *(The legal documents must be attached in order to process a name change.)*

\_\_\_\_\_  
(Last) (First) (Middle) TO: \_\_\_\_\_  
(Last) (First) (Middle)

**Address Change**

Change my address to: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
(Print Employee Name)

\_\_\_\_\_  
(Employee Signature)

\*Name Change --- Please attach a copy of the following legal documents:  
-A copy of your social security card indicating the name change.  
-Marriage License/Divorce Decree/Court Order

## Change of Address Form

(Please Print)

Member's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Alternate Number (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (optional) \_\_\_\_\_

**Old Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_