



CENTRAL CONSOLIDATED SCHOOL DISTRICT

"A Community of Learners Dedicated to Building Lives"

CCSD Administration Complex • Human Resources Department
P.O. Box 1199, Shiprock, NM 87420 • 505-598-1018 Fax 598-1019

Name and/or Address Change Form

Requestor: _____

Today's Date: _____

NAME CHANGE:

Name to be changed to: _____

Please have the following documents for your name change:

- Court approved documents
- Social Security card
- Driver's License

****Name will not be changed until all documents are received.**

ADDRESS CHANGE:

Current Mailing Address on file: _____

New Mailing Address: _____

Any other changes: Yes No

Home or Cell Phone Number: _____

Personal Email: _____

Physical Address: _____

Names changes will require updates to:

- I-9 – Employment Eligibility Form
- Employee Benefits
 ERB Change of Address form is provided
- NMPED Name Change Form

HR Initial

Requestor's Signature: _____