

Christina School District

600 N. Lombard Street, Wilmington, DE 19801

NOTIFICATION OF CHANGE

(Name, Address, Telephone Number)

PLEASE INDICATE THE ITEMS TO BE CHANGED: NAME ADDRESS TELEPHONE #

Name Changes: A Social Security Card in the NEW NAME is required. Name changes will not be processed without a copy of the new Social Security Card.

EFFECTIVE DATE OF CHANGE _____

OLD ADDRESS

NAME _____ MAIDEN _____

STREET _____

City, State, Zip Code _____

Empl ID # _____ School _____

NEW ADDRESS

NAME _____

STREET _____

City, State, Zip Code _____

New Telephone# _____

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCE OFFICE