



# C.U.S.D 303

Human Resources Department

## Employee Name Change

*Please **PRINT** the following information below.*

**Current Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marital Status:**

\_\_\_\_\_ Single

\_\_\_\_\_ Married

***\*To officially change your name with the District, you must attach a copy of your new Social Security card listing your new name and submit along with this form to the Human Resources department.***

**Employee Signature** \_\_\_\_\_

**Date** \_\_\_\_\_