

AMADOR COUNTY UNIFIED SCHOOL DISTRICT  
AMADOR COUNTY OFFICE OF EDUCATION

ADDRESS CHANGE/NAME CHANGE

Date: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

If PO Box  
Resident Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

- District  County  
 Classified  Certificated  Management

**Change of Name Record:**

Former Name: \_\_\_\_\_

**All employees** – *A copy of your social security card with the new name will need to be presented with this form.*  
(Driver's License card not accepted).

**Credentialed employees** – must use the name that appears on their credential unless an official name change has been done, with the Commission on Teaching Credentialing CCTC. ALL documents, payroll, personnel records, STRS records, school rosters and registers must carry the legal name until you have done a name change.

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

\_\_\_\_\_  
Date

**District Use Only**

- Personnel**  District  E-mail Benefits  
 County  E-mailed Accounting  
 E-mail Payroll  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_  E-mail Technology/Blackboard