



NAME/ADDRESS/TELEPHONE CHANGE

This form should be printed and filled out completely to notify the Human Resources & Labor Relations Office of a change in name, address, or telephone number. If you are changing your name, you must attach a copy of your new social security card with your name change. Please return the completed form to the Human Resources & Labor Relations Office, Bloomfield Hills Schools, 7273 Wing Lake, Bloomfield Hills, MI 48301.

<u>INFORMATION CURRENTLY ON FILE</u>	
Social Security Number: XXX-XX-	For Office Use Only Name Code:
Name: <i>(EF-SCR)</i>	
Address	
City/State	Zip
Telephone Number: <i>(03-SCR)</i>	

<u>CHANGE TO</u>	
Social Security Number: XXX-XX	For Office Use Only Name Code:
Name: <i>(EF-SCR)</i>	
Address	
City/State	Zip
Telephone Number:	Effective Date: <i>Date(03-SCR)</i>

Do you want your address and phone number published in our District Directory?

Yes

No

email notice:

Accounting	Information Services	Benefits
District Directory	AESOP	Human Resources/Labor Relations