

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 #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

**Change of Name Record:**

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

**All employees-** *A copy of your social security card with the new name will need to be present 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**

**For District Use Only**

**Personnel**

- District
- County

- E-mail Benefits
- E-mail Accounting
- E-mail Payroll
- E-mail Technology/Blackboard

Date:

Initials: