

**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:** \_\_\_\_\_

Note: Your address will be automatically changed with our retirement systems and CVT benefits. You will need to directly contact any third party benefits such as American Fidelity, Standard Life Insurance, etc.

**Change of Name Record:**

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

**All employees-** For name change, 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**

**For District Use Only**

**Personnel**

- District
- County

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

Date:

Initials: