



# Livingston Parish Public Schools

P.O. Box 1130  
13909 Florida Blvd.  
Livingston, Louisiana 70754  
Phone: (225) 686-7044 Fax: (225) 686-4257

Office Use Only

HR Received \_\_\_\_\_

HR Processed \_\_\_\_\_

## ADDRESS / NAME CHANGE FORM

EMPLOYEE NAME (Print): \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

SCHOOL/LOCATION: \_\_\_\_\_ POSITION: \_\_\_\_\_

*Completed forms should be sent to the Office of Human Resources*

ADDRESS CHANGE  NAME CHANGE  ADDRESS & NAME CHANGE

### PREVIOUS OR CURRENT ADDRESS

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code/Phone \_\_\_\_\_

### NEW ADDRESS

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Area Code/Phone \_\_\_\_\_

### NAME CHANGE

Please attach a copy of your Social Security card; the new name below must match your card.

First Name: From \_\_\_\_\_ To \_\_\_\_\_

Middle Initial/Name: From \_\_\_\_\_ To \_\_\_\_\_

Last Name From \_\_\_\_\_ To \_\_\_\_\_

### MARITAL STATUS CHANGE (If Applicable)

Married

Single

Widowed

Divorced

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

\_\_\_\_\_  
Date