



WESTPORT COMMUNITY SCHOOLS

Office of Data Administration

EMPLOYEE ADDRESS/PHONE/NAME CHANGE REQUEST

Name: _____
Last First M.I.

Position: _____ Building: _____

Effective Date: _____

ADDRESS Change:

Street Apt. #

City, State Zip

PHONE Change:

Home Phone Mobile Phone

NAME Change (Please attach a copy of marriage certificate, divorce decree, social security card, or drivers license with new legal name):

_____ Last First M.I.

Please return this form to Mickey Fredericks, Data Administrator via interoffice or by attaching it to an email.