

**Keyes Union School District**  
**Change of Address and/or Name Form**

Effective Date of Change: \_\_\_\_\_

\_\_\_\_\_  
**Name (Please print)**

\_\_\_\_\_  
**ID#**

- NEW NAME:** *In order to process a name change, please provide your Social Security and Driver's License issued in your new name. (a copy cannot be accepted)*

**PREVIOUS NAME:** \_\_\_\_\_

**NEW ADDRESS:**

Mailing: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical (if different): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please complete the following forms as applicable*

- Health Insurance
- Dental Insurance
- Vision Insurance
- American Fidelity

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

\_\_\_\_\_  
Date

**For District Office Use Only:**

- Changed in QSS:
- Changed on P/R Card
- Changed in CALPERS/STRS:
- New Info given to HR & A/P:
- Changed Employee File name
- Insurance paperwork sent to carrier