

**NEWPORT PUBLIC SCHOOLS
109 OLD FORT ROAD
NEWPORT, RHODE ISLAND 02840**

Human Resources

CHANGE OF NAME/ADDRESS FORM

NAME CHANGE _____

ADDRESS CHANGE _____

PLEASE PRINT:

Current (New) LAST NAME	FIRST NAME	M.I.

Social Security Number: _____

FORMER:

Former Name: _____

Former Address: _____

City, State, Zip Code: _____

NEW:

New Name: _____

New Address: _____

City, State, Zip Code: _____

Signature: _____ Date: _____

Posted by: _____ BC _____ DD _____ Life _____ Ret Brd _____

cc: _____ Payroll _____ Human Resources