



# Livingston Parish Public Schools

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

Office Use Only

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

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

## NAME CHANGE FORM

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

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

*Attach a copy of your new Social Security card and forward to Human Resources*

### OLD ADDRESS

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

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

### NEW ADDRESS

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

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

### NAME CHANGE

**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