DIVISION OF HUMAN RESOURCES/LABOR RELATIONS

Fresno Unified School District

ADDRESS/NAME CHANGE REQUEST FORM

This change does not update address and phone numbers on your online application. Please make sure your FUSD personnel file and online application match.

PLEASE PRINT:			
Employee ID Number			
First Name (Name as shown on FUSD perso	MI onnel file)	Last Name	
Position Title		Site/Departmen	 t
	I request the followin	g change(s) be made:	
Sign	nature	Date	
☐ NEW NAME: "You must	provide proof of name chang	e (Social Security Card <u>only</u>)	
Last Name, First Nar	ne. MI		
☐ NEW ADDRESS:			
Address			Apartment Number
City	State	Zip Code	
☐ NEW PHONE NUMBER(s):		
() Area Code Hon	ne Number	() Area Code	Cell Number