

Dolores School District Re-4A Name**/Address/Phone Change

This form can be filled out and printed on-line. The printed form must be signed in ink by the person requesting change(s) and sent to the Dolores District Office, 17631 Highway 145, Dolores, CO 81323.

CHECK ALL THAT APPLY: /Employee /Substitute
 /Applicant /Coach

THIS IS A: Address Change
 Phone Change
 Name Change: ****you must provide a new Social Security Card to affect a legal name change.**

Current Name: _____

New Name: _____

NOTE: You may need to complete other forms (i.e., W-4, insurance, etc.)

Date: _____ Social Security #: _____

NAME: _____

NEW ADDRESS: _____

NEW PHONE #: _____

Signature (must be printed and signed in ink by person requesting change):

Please forward printed request to Dolores District Office, 17631 Highway 145, Dolores, CO 81323

Business Office Use ONLY:

Change(s)	Insurance/Benefits _____	Date: _____
Processed	Payroll Records _____	Date: _____
(Initial & Date)	Notice sent to Laurie Arnett _____	Date: _____