

Office of Christine Lizardi Frazier  
Kern County Superintendent of Schools  
*Advocates for Children*

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**NAME AND/OR ADDRESS CHANGE FORM**

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A copy of your social security card, California driver license, or identification card with your new name is required before name changes will be processed. If you have not received your new social security card, a copy of the official application receipt issued from the Social Security Office will also be accepted.

Employee Name (*please print*): \_\_\_\_\_

SS# or Employee ID#: \_\_\_\_\_

Department and/or Program: \_\_\_\_\_

**Please check the box that applies and indicate changes:**

New Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

New Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Home Phone and/or Cell Phone#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FORWARD TO HUMAN RESOURCES**

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FOR OFFICE USE:

Recorded: \_\_\_\_\_  
Date Initials