SISC III
SELF-INSURED SCHOOLS of CALIFORNIA
Schools Helping Schools

# FAX TRANSMISSION COVER SHEET
# SISC III - ADDRESS CHANGE

**DATE:** _____ **TIME:** _____

**FROM:** _____ _____
(Your Name) (Phone Number)

_____
(District Name)

**TO:** **SISC III**

**FAX NUMBER:** **(661) 636-4156**

**The enclosed mail was returned to the SISC office as "undeliverable" or "insufficient address". Please FAX us an address correction AS SOON AS POSSIBLE.**

| Employee's Name | SS Number | Street Address<br>City, State, ZIP Code |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**PLEASE MAKE COPIES OF THIS FORM AS NEEDED TO SUBMIT ADDRESS CHANGES.**