



Livingston Parish Public Schools

P.O. Box 1130
13909 Florida Blvd.
Livingston, Louisiana 70754
Phone: (225) 686-7044 Fax: (225) 686-3052

Office Use Only

HR Received _____

HR Processed _____

ADDRESS / NAME CHANGE FORM

EMPLOYEE NAME (Print): _____ EMPLOYEE # _____

SCHOOL/LOCATION: _____ POSITION: _____

Completed forms should be sent to the Office of Human Resources

ADDRESS CHANGE NAME CHANGE ADDRESS & NAME CHANGE

PREVIOUS OR CURRENT ADDRESS

Street: _____
City, State, Zip Code: _____
Area Code/Phone _____

NEW ADDRESS

Street: _____
City, State, Zip Code: _____
Area Code/Phone _____

NAME CHANGE

Please 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