

**Upland Unified School District**  
**Change of Name/Address**  
Complete and return to the Human Resources Department

Employee Name (print) \_\_\_\_\_ SSN \_\_\_\_\_

Certificated      Classified

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Effective Date \_\_\_\_\_

**Name Change ONLY (New Social Security Card Needed)**

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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