



EL MONTE UNION HIGH SCHOOL DISTRICT

**Personal Information Change Form**

\_\_\_\_\_  
Current Name

\_\_\_\_\_  
Social Security Number or EID

Check the item(s) that you want changed and list the updated information:

☐ **Name:** Must match name on Social Security Card

I request that my official records be changed to reflect my legal name as listed below:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

Reason for Name Change: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

☐ **Address:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

☐ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Received by Human Resources: \_\_\_\_\_

Entered in HRS by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in Frontline ☐

MAR-1 Form sent to LACOE (PERS Only) ☐

Updates for Name Change: EEO-1 Form ☐ I-9 Form ☐ Seniority List ☐