



Chino Valley Unified School District  
 5130 Riverside Drive, Chino, CA 91710  
 909-628-1201 FAX 909-548-6091

## NAME CHANGE FORM

- CERTIFICATED  
 CLASSIFIED

To: Human Resources                      Work Location: \_\_\_\_\_

Date: \_\_\_\_\_                      Social Security: \_\_\_\_\_

FORMER NAME	NEW NAME
NAME: _____	NAME: _____

UPDATE EMERGENCY CONTACT	
NAME: _____	RELATIONSHIP: _____
HM PHONE: _____	CELL PHONE: _____

Signature: \_\_\_\_\_

Please bring this completed form to Division of Human Resources with the new social security card as proof the name change has been completed.

<b><u>Human Resources Use Only</u></b>	
RCVD: _____	By: _____
<input type="checkbox"/> Epics <input type="checkbox"/> Aeries <input type="checkbox"/> Aesop <input type="checkbox"/> Vector Solutions <input type="checkbox"/> Badge Sys. <input type="checkbox"/> Email <input type="checkbox"/> Doc Mngr	