

Change Request Form Ashland–Greenwood Public Schools

Please complete this form, sign and forward to the Superintendent's Office. This form is to be used for changes in address, telephone, e-mail or name. Please include the old information as well as the new information. This information will be used to update your payroll and employment records; Nebraska Public Employee Retirement System; and Blue Cross and Blue Shield.

Change Address, Phone or E-mail:

OLD: **Name** _____
 Street _____
 City _____ **State** ____ **Zip + 4 code** _____
 Cell or Phone # : _____
 Personal E-mail: _____

NEW: **Street** _____
 City _____ **State** ____ **Zip + 4 code** _____
 Cell or Phone #: _____
 Personal E-mail: _____

Change Name: **From:** _____
 To: _____

Signature _____ **Date** _____

Change Request Checklist

Complete Change Request Form and send to Superintendent's Office
Provide proof of name change with new name listed on Social Security Card
Certified staff will need to change name on teaching certificate and re-register at Superintendent's Office
If necessary, request from Superintendent's Office beneficiary change forms for NPERs and Life Insurance

For Office Use Only	FA2 _____	DB _____	BCBS _____	PF _____	NPERs _____	SUPV _____	EMAIL _____
	EReq _____	SS _____	Office Scan _____				