



Danvers Public Schools

Change of Name and/or Address Form

Please be advised of my new name and/or address as follows:

Employee Date of Birth: _____

Employee Name:

Old Name: _____

New Name: _____

New Address: _____
(Street)

(City/State/Zip)

Phone Number: _____
(Area code/number)

Employee Signature

Human Resources Coordinator OR Payroll Signature

Date

Date

Please return the completed form to the Central Office.