



North Little Rock School District

2400 Willow Street • North Little Rock, Arkansas 72114 • (501) 771-8000 • www.nlrsd.org

Name and/or Address Change form

Date: _____

Name: _____

SSN: _____

North Little Rock School District
2400 Willow St
North Little Rock, Arkansas 72114

Attention: Human Resources Department:

This is your authorization to change my personnel records in your office and my records for benefit purposes.

☐ Name Change* (the legal documents must be attached to process a name change)

1. **Copy of Social Security indicating the name change.**
2. **Marriage License/Divorce Decree/Court Order**
3. **Updated Teacher License showing name change**

Last First Middle TO Last First Middle

☐ Address Change

Change my address to: _____

City State Zip

Phone Number: _____

(Print Employee Name)

(Employee Signature)