



## Personal Information Change Form

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

If all information is accurate, please indicate below.

\_\_\_\_\_ No Changes Required

Please check all appropriate changes:

\_\_\_\_\_ Address Change

Old Address:

\_\_\_\_\_

\_\_\_\_\_

New Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Contact number change

Updated Phone Number: \_\_\_\_\_

\_\_\_\_\_ Name Change (A copy of your updated social security card, reflecting the new name, is required)

Previous Name(s): \_\_\_\_\_

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

\_\_\_\_\_ **Copy of Updated Social Security Card**

**A copy of your driver's license must be submitted with this completed form in order for Charlotte Public Schools to process any changes.**

\_\_\_\_\_ Copy of Driver's License Attached

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

DOB: \_\_\_\_\_

**Submit completed form and copy of driver's license to Human Resources.**

Attn: Human Resources - Personal Info Change: ORS  
378 State Street  
Charlotte, MI 48813

Email: [CPSHR@charlottenet.org](mailto:CPSHR@charlottenet.org)

Fax: 517-541-5105

If you have questions related to this form, please contact the Human Resources Department at 517-541-5103.