



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.

### Human Resources Use Only

RCVD: \_\_\_\_\_

By: \_\_\_\_\_

☐Epics   ☐Aeries   ☐Aesop   ☐Vector Solutions   ☐Badge Sys.   ☐Email   ☐Doc Mngr