



**THE DISTRICT SCHOOL BOARD OF COLLIER COUNTY**  
**OFFICE OF HUMAN RESOURCES**  
 5775 Osceola Trail  
 Naples, Florida 34109-0919  
 (239) 377-0335  
 (239) 377-0336

## ADDRESS AND NAME CHANGE FORM

**Please complete all applicable areas:**

ADDRESS CHANGE \_\_\_\_\_ Social Security Number

NAME CHANGE \_\_\_\_\_  
 Name (Please Print)

GROUPWISE CHANGE \_\_\_\_\_

TERMS CHANGE \_\_\_\_\_  
 New Name (if applicable)

\_\_\_\_\_ Marital Status

\_\_\_\_\_ School/Department \_\_\_\_\_ Position

\_\_\_\_\_ Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ Mailing Address (*Leave blank if same as above*) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

\_\_\_\_\_ (Area Code) Phone Number \_\_\_\_\_ Alternate (Area Code) Phone Number

\_\_\_\_\_ Signature \_\_\_\_\_ Date

Instructional personnel **MUST** also change their address on the DOE website. Go to [www.fldoe.org/edcert](http://www.fldoe.org/edcert) click on "Educator's Certification" and then "Application Status Lookup."

**In order for your name to be changed, the following items must be completed in your new name and accompany this form:**

- \_\_\_\_\_ Social Security Card in the new name (*Please be sure to sign the new card*)
- \_\_\_\_\_ Life Insurance - Name/Beneficiary Change Form (*Gold Card*)
- \_\_\_\_\_ Health Insurance Card (*White Card*)
- \_\_\_\_\_ Retirement Form (Personal History Record)
- \_\_\_\_\_ W-4

***Please return this completed form to the Office of Human Resources.***

HR/staff Rev 3/05

COLLIER COUNTY CHARACTER EDUCATION TRAITS  
 Citizenship Cooperation Honesty Kindness Patriotism Perseverance  
 Respect Responsibility Self-Control Tolerance