



CHANGE OF ADDRESS AND PHONE NUMBER FORM

- **PLEASE PRINT OR TYPE**
- **STARRED SECTIONS (*) MUST BE COMPLETED**
- **ONLY COMPLETE SECTION(S) IN WHICH YOU NEED TO MAKE A CHANGE**
- **ONCE THE FORM IS COMPLETED E-MAIL IT DIRECTLY TO KRISTEN WHITE IN HUMAN RESOURCES (KRISTENWHITE@CCS.K12.NC.US)**

*DATE: _____

*EMPLOYEE ID OR LAST 4 OF SSN: _____

*POSITION TITLE _____

*FULL NAME: _____

*WORK LOCATION: _____

NEW HOME ADDRESS STREET NUMBER/NAME: _____

CITY/STATE/ZIP: _____

MAIN PHONE NUMBER: (_____) _____

(WILL BE USED FOR PARENT LINK)

ALTERNATE PHONE NUMBER: _____

*SIGNATURE: _____

Revised December 18, 2019

Our Commitment: Every Student
Collaborative ★ Competitive ★ Successful

P.O. Box 2357 | FAYETTEVILLE, NORTH CAROLINA 28302 | 910-678-2300

Fully Accredited School System