

Change Request Form
Ashland–Greenwood Public Schools

Please complete this form, sign and forward to the Superintendent's Office. This form is to be used for changes in address, telephone, e-mail or name. Please include the old information as well as the new information. This information will be used to update your payroll and employment records; Nebraska Public Employee Retirement System; and Blue Cross and Blue Shield.

Change Address, Phone or E-mail:

OLD: **Name** _____
 Street _____
 City _____ **State** ____ **Zip + 4 code** _____
 Cell or Phone # : _____
 Personal E-mail: _____

NEW: **Street** _____
 City _____ **State** ____ **Zip + 4 code** _____
 Cell or Phone #: _____
 Personal E-mail: _____

Change Name: **From:** _____
 To: _____

Signature _____ **Date** _____

Change Request Checklist

- Complete Change Request Form and send to Superintendent's Office
- Provide proof of name change with new name listed on Social Security Card
- Certified staff will need to change name on teaching certificate and re-register at Superintendent's Office
- If necessary, request from Superintendent's Office beneficiary change forms for NPERs and Life Insurance

For Office Use Only	FA2 _____	DB _____	BCBS _____	PF _____	NPERs _____	SUPV _____	EMAIL _____
	EReq _____		SS _____		Office Scan _____		