BOULDER VALLEY SCHOOL DISTRICT
APN CHANGE FORM
(ADDRESS / PHONE / NAME)

Please PRINT or TYPE in the following spaces:

Employee Name: _____
First (Legal) Preferred Middle Last (Legal)

***** New Name: _____
First (Legal) Preferred Middle Last (Legal)

Employee No:_____ Work Phone #:(_____)_____ext_____

Home Phone #:(_____)_____

Address:_____
Number & Street Apt#

_____ _____ _____
City State Zip Code

☐ **Please check this box if you want your BVSD email address changed to reflect your name change (preferred name.last name@bvsd.org)**

In addition to submitting to HRD, please notify PERA and your school office or department manager of this change.

***<u>Name change requires employee to bring identification reflecting new name</u>**

Effective Date of Change: _____ School/Department: _____

_____
Employee Signature Date

<u>HRD USE ONLY</u> C/C:_____ email address corrected:_____
Date/Initials