

Change of Personal Data Form  
Address, Telephone & Name\*

Name: \_\_\_\_\_ ID# \_\_\_\_\_  
Last First Initial

**Address:**

Former \_\_\_\_\_  
Street City State Zip Code

New \_\_\_\_\_  
Street City State Zip Code

**Telephone:** Former \_\_\_\_\_ New \_\_\_\_\_

**Name\*:** Former \_\_\_\_\_ New \_\_\_\_\_

Position \_\_\_\_\_ Change Date \_\_\_\_\_

\* Please also notify Social Security Office of any name change.

Mail to: Human Resources Department  
Omaha Public Schools  
3215 Cuming Street  
Omaha, Nebraska 68131-2024