



Change of Personal Information Form

Please email this form to SFUSD Human Resources at coaiform@sfusd.edu

Current Information (please print)

_____	_____	_____
Last name	First name	Middle name
_____	_____	_____
Job title	School /Site location	Employee ID

New information (complete only the items that have changed)

*** Please include as evidence: driver license, state issued I.D. card or passport ***

_____	_____	_____
Last name	First name	Middle name
_____	_____	_____
Address	City	State
_____	_____	_____
		Zip code
	<input type="checkbox"/> Landline	<input type="checkbox"/> Landline
	<input type="checkbox"/> Cell phone	<input type="checkbox"/> Cell phone
_____	_____	_____
Primary phone number *	Alternate phone number	

Personal e-mail address _____

*SFUSD may text you with emergency notifications or important employee information via a service called School Messenger. To receive these notifications, respond "Y" or "YES" when receiving a text message from 67587

Marital Status Change

*** Please include as evidence: marriage or domestic partnership certificate or legal court documents ***

<input type="checkbox"/> Common law	<input type="checkbox"/> Divorced	<input type="checkbox"/> Domestic partners	<input type="checkbox"/> Head of house
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed

Emergency Contact Information (please print)

_____	_____	_____
Last name	First name	Middle name
_____	_____	_____
Address	City	State
_____	_____	_____
		Zip code
_____	_____	_____
Primary phone number *	Alternate phone number	Relationship

Personal e-mail address _____

*** Please sign and date: your form will not be processed without your signature and date. ***

_____	_____
Employee signature	Date