

Hobbs Municipal Schools

Human Resources Office

Change of Name

Please Print:

Former Name: _____

New Name: _____

Phone: _____

In order to change your name, you must bring in a copy of your new social security card and this completed form to the Human Resources Office.

Address Change:

Please Print:

Former Address: _____

New address: _____

Phone: _____

Dated: _____

Cc: Payroll
Benefits
File