

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

CHANGE OF ADDRESS FORM

DATE: _____

NAME: _____

EMPLOYEE ID #: _____

POSITION: _____

CAMPUS: _____

NEW ADDRESS: _____

NEW PHONE NUMBER: _____

I (DO) (DO NOT) WISH TO DISCLOSE MY HOME TELEPHONE AND ADDRESS TO THOSE PERSONS REQUESTING SUCH INFORMATION UNDER THE TEXAS OPEN RECORDS ACT.

EMPLOYEE SIGNATURE: _____