



# VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

## HUMAN RESOURCES ADDRESS CHANGE FORM

*PLEASE INDICATE EFFECTIVE DATE FOR CHANGE (S): \_\_\_\_\_*

**NAME:** \_\_\_\_\_

**WISE NUMBER:**  
(if applicable) \_\_\_\_\_

**OLD ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OLD TELEPHONE:** \_\_\_\_\_

**NEW TELEPHONE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN TO:**