

**LACONIA SCHOOL DISTRICT
EMPLOYEE NAME/ADDRESS/DIRECTORY
INFORMATION CHANGE FORM**

Please forward completed form to SAU Office.

Name:

Last _____ First _____ M.I. _____

Former Name (if above is a change of name) _____

Reason for Name Change: ___ Marriage ___ Divorce Other: (please describe) _____

Address: ___ Please check here if this is a change of address

Street _____

City _____ State _____ Zip _____

Mailing Address (if different from above)

Address _____

City _____ State _____ Zip _____

Telephone Number(s):

Home Phone _____ Cell Phone _____ Other _____

School Name (check all that apply): ___ LHS ___ LMS ___ WHS ___ PSS ___ ESS ___ SAU

Grade/Subject/Position _____

School Email _____

Home Email (optional) _____

Please check below to indicate your preferences for publication in the Laconia School District Directory.

___ Name (Only) ___ Address Telephone (check only one) ___ Home ___ Cell ___ Other

Employee Signature _____ Date _____

FOR SAU OFFICE USE ONLY

Directory _____

Payroll _____

Personnel File _____

NHRS _____

SchoolCare _____

A/P File _____

W4 _____

DOE _____