



RIVERVIEW SCHOOL DISTRICT NO 407  
PERSONAL DATA CHANGE

NAME \_\_\_\_\_

FORMER LAST NAME IF APPLICABLE \_\_\_\_\_

FORMER ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

FORMER PHONE # \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NEW PHONE # \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*If marital status and or name changes --  
please contact Cindy Sage-Payroll & Benefits @ 4513*

*Forward this form to the Personnel Office*

Original: Personnel  
Cc: Payroll  
A/P  
DO Receptionist  
File