

FORMER HOWELL PUBLIC SCHOOLS EMPLOYEES
Address Verification and Name Change Form

Current Address Verification - Please Provide:

1 Address:

2 Email address:

3 Last four digits of your Social Security number:

4 Attach a copy of your driver license showing current address

5 Address of record while employed with HPS:

My name has changed - Please Provide:

1 Attach a copy of your current driver license showing name change

2 Name of record while employed with HPS:

3 Last four digits of your Social Security number:

Name/Signature	Date

Send this form and any required attachments to:

business@howellschools.com
or

or Fax: 517-548-5249

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