



Great Falls Public Schools Demographic Change for Employees Form



Having current, up-to-date, and accurate contact information on file is very important to ensure you receive important information from GFPS. Therefore, to ensure we have up to date contact information on file for you please complete this form with any changes. If you do not have changes, please select no changes and return this form to your school secretary. Thank you for your attention to this very important request.

Name: _____ **School:** _____

No Changes To Contact Information

Changes to contact information listed below (Complete only those sections that pertain to the information you wish to change.)

NAME (Exactly as it is printed on your old Social Security card): _____

NAME CHANGE (Exactly as it is printed on your new Social Security card): _____

For proper processing of payroll and Social Security withholding, the District requires that all employees keep current Social Security card information on file with the District. Please check your actually Social Security card and provide the exact names as printed on the card.

ADDRESS CHANGE:

PHONE CHANGE:

Home Phone: _____
Unlisted? Yes ___ No ___
Cell Phone (optional): _____

EMERGENCY CONTACT CHANGE:

Name: _____ Relationship: _____

Phone: (Primary): _____ (Secondary): _____

Name: _____ Relationship: _____

Phone: (Primary): _____ (Secondary): _____

I hereby authorize the Great Falls Public Schools to change my demographic records to match the information I have provided above.

Employee's Signature **Date** _____