



CENTER POINT ISD
NAME AND ADDRESS CHANGE REQUEST

Current	Change TO
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
SSN: _____	SSN: _____
Phone Number: _____	Phone Number: _____

Signature: _____ Date: _____

Please return to the Superintendent's Office for Processing.
NOTE: *This information should also be furnished to the Teacher Retirement System and the State Board of Educator Certification if you hold an educator's certificate.*