



DEKALB COUNTY SCHOOL DISTRICT
Division of Human Resources
PERSONAL INFORMATION CHANGE FORM

To change your address in Touchpoint for reimbursements, you must also send this form to Vendor Services

PURPOSE: This form should be used by DCSD employees to update their name, address and/or phone number.

INSTRUCTIONS: Please complete all applicable sections. Note that your request will be effective immediately.

Employee ID#	Employee Name	School/Dept

☐ **Name Change**

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

New Name: Please print your new name as it appears on your Social Security Card. An adjudicated form or marriage license and an updated Social Security Card must be submitted with any name change.

Last Name	First Name	Middle Name

Previous Name: Please print your previous name.

Last Name	First Name	Middle name

☐ **Address Change**

New Address			
Street Address	City	State	Zip
Previous Address			
Street Address	City	State	Zip

☐ **Phone Number Change**

New Phone Number		
Primary	Home	Mobile
Previous Phone Number		
Primary	Home	Mobile

Employee Signature _____ Date ____/____/____

Submit form to
DeKalb County School District
Attn: Division of Human Resources – Personnel Services
1701 Mountain Boulevard, Stone Mountain, GA 30083
Telephone: (678) 676-0005 Fax: (678) 676-0187
Email: HRFORMS@dekalbschoolsga.org

HR USE ONLY	Received	Processed	Scanned
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