

**NHUHSD
CHANGE OF INFORMATION**

Name: _____

Previous Name: _____

Social Security #: _____

New Address: _____

Phone # Change: _____

Return to the District Office - Attn: Tammy Pires

District Office Use Only:

Directory Changed

Payroll/MAGIC Changed

**NHUHSD
CHANGE OF INFORMATION**

Name: _____

Previous Name: _____

Social Security #: _____

New Address: _____

Phone # Change: _____

Return to the District Office - Attn: Tammy Pires

District Office Use Only:

Directory Changed

Payroll/MAGIC Changed