



2500 VINEYARD AVENUE  
OXNARD, CA 93036  
(805) 485-3111



## CHANGE OF INFORMATION

LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PREVIOUS NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

PREVIOUS  
ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

NEW  
ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

PREVIOUS  
PHONE (HOME/CELL) \_\_\_\_\_

NEW  
PHONE (HOME/CELL) \_\_\_\_\_

**I AUTHORIZE THE RIO SCHOOL DISTRICT TO SUBMIT THE PRECEDING CHANGES TO THE  
APPROPRIATE INSURANCE COMPANIES:**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE