

CHANGE OF ADDRESS - NAME

COMPTON UNIFIED SCHOOL DISTRICT

OCP Form 161 (Rev. 6/09)

(Check One)

CERTIFICATED

CLASSIFIED

PRINT OR TYPE	(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)	POSITION/LOCATION
OLD →	NO. AND STREET, APT., SUITE, P.O. BOX			
	CITY, STATE, AND ZIP CODE			
NEW →	NO. AND STREET, APT., SUITE, P.O. BOX			PHONE NUMBER
	CITY, STATE, AND ZIP CODE			
SIGNATURE		DATE OF ADDRESS CHANGE		SOCIAL SECURITY NUMBER

DISTRIBUTION:

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Canary - Accounting

Pink - School or Department