

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

**O
L
D**



NO. AND STREET, APT., SUITE, P.O. BOX

CITY, STATE, AND ZIP CODE

**N
E
W**



NO. AND STREET, APT., SUITE, P.O. BOX

PHONE NUMBER

CITY, STATE, AND ZIP CODE

SIGNATURE

DATE OF ADDRESS CHANGE

SOCIAL SECURITY NUMBER

DISTRIBUTION:

White - Personnel

Canary - Accounting

Pink - School or Department