



Address Change Form

Name _____ Employee ID # _____

Former Address:

Street name, Apartment #

City, State, Zip code:

New Address: Check one below

Street name, Apartment # HOME MAILING BOTH

City, State, Zip code:

Current Contact Number: _____ **Circle One:** Home or Cell

Signature: _____ Date: _____

Office Use

Effective Date Address Changed: _____ By: _____

Please submit the form to:
Employee Records
2651 W. Washington Blvd,
Chicago IL 60612 GSR #034
Email: employeerecords@cps.edu
Fax: 773.553.1113
Phone: 773.553-HR4U



Address Change Form

Address changes must be accompanied by one of the following:

- Copy of your updated Driver's License
- Copy of your updated State Identification

You may submit your documentation via fax at 773-553-1113 or scan,
employeerecords@cps.edu