

Longview Independent School District
P. O. Box 3268
Longview, TX 75606

Change of Address Notification SUBSTITUTES ONLY

Social Security Number:

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NAME:

OLD MAILING ADDRESS:

City, State

Zip

NEW MAILING ADDRESS

City, State

Zip

Signature:

(Required Before Address Will Be Undated)

Date Signed

This form is used to make corrections to your mailing address only.

