

**Gorman Learning Center**  
**Employee Information Change Form**

\_\_\_\_\_  
Employee name

\_\_\_\_\_  
Effective Date

**Employee's New Mailing Address:** \_\_\_\_\_

**Employee's New Shipping Address:** \_\_\_\_\_

*If different than above. Please do not use PO Box*

**City, State, Zip:** \_\_\_\_\_

**New Phone:** \_\_\_\_\_

**New Fax:** \_\_\_\_\_

**Employee's Old Address:** \_\_\_\_\_

**City, Zip:** \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**PLEASE SIGN AND FAX TO THE HUMAN RESOURCE DEPARTMENT:  
909-307-5746**