

Florida Governor's Council on Indian Affairs, Inc.
Workforce Development Services
625 N. Adams St.
Tallahassee, FL 32301
1-800-322-9186

**CHANGE IN PERSONAL STATUS
FORM #1901**

Participant's Name: _____ Date of Change: _____

CHANGE IN HOME ADDRESS AND/OR PHONE NUMBER:

New Mailing Address: _____

New Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

New Phone #: _____ New Contact Person/Phone #: _____ / _____

CHANGE IN MARITAL STATUS

Check All That Apply: Married * Separated Divorced* Name Change *

New Name: _____
(First) (Last) (M.I.)

*Please enclose the legal documentation showing the changes marked above (i.e., marriage certificate, divorce decree and a court order of name change.

CHANGE IN MAJOR AND/OR SCHOOL:

New Program of Study*: _____

New School: _____ Phone #: _____

School Address: _____

* Please enclose a list of the required courses and make sure you have followed the policy for "Changes in Schedule, Course of Study, or School as outlined in your Policies and Procedures prior to making any official changes.

CHANGE IN WORK SITE AND/OR SUPERVISOR:

New Place of Employment: _____ Phone #: _____
(Company Name)

Employer's Address: _____

Your Position: _____ Start Date: _____ Hourly Rate: \$ _____ Weekly Hours: _____

Job Tasks: _____