## **Edna Independent School District CHANGE OF ADDRESS**

The person whose signature is affixed b	elow requested a change of address
effective	·
Date	
My new address is	
	Name
	Address
	City, State, Zip
I understand that any and all corresp	ondence sent to me after this date above
will be sent to my new address.	
·	
Signature	Date
Date of receipt at Central Office	