

MARLIN INDEPENDENT SCHOOL DISTRICT  
130 COLEMAN ST.  
MARLIN, TEXAS 76661  
254-883-3585

Address Change Form

Personal Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Old Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Your Title: \_\_\_\_\_ Campus: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_