GOODHUE COUNTY EDUCATION DISTRICT
PARTNERS IN THE JOURNEY

Employee Information Change Form

(October 2026)

Date:_____

IMPORTANT NOTES:

1. If making a name change, payroll records are not able to be changed until an updated Social Security Card is presented.
2. Staff are responsible for updating their information with external entities as applicable (Social Security Administration Office, PERA/TRA, etc.).
3. If you are requesting a change in information that is not listed below, please contact Human Resources (hr@gced.k12.mn.us).

EMPLOYEE INFORMATION:

Employee First Name: _____

Employee Middle Initial: _____

Employee Last Name (current): _____

Employee Last Name (new, if updating): _____

Special Directions:

If you have any specific directions regarding your name change, please share those here:

_____

_____

CONTACT INFORMATION:

Address (current):_____

Address (new, if updating): _____

Phone Number (current): _____

Phone Number (new, if updating): _____

Acknowledgment/Certification

I certify that the above information is correct to the best of my knowledge. By typing my name, I acknowledge and agree that my typed name serves as my electronic signature and carries the same intent and effect as my handwritten signature.

Electronic Signature (type full name): _____

Date: _____

ADDRESS

Goodhue County Education District
395 Guernsey Lane,
Red Wing, MN 55066

CONTACT

Web: www.gced.k12.mn.us
Phone: 651.388.4441
Fax: 651-388-9557

MEMBER DISTRICTS

Cannon Falls #252 | Goodhue #253
Kenyon Wanamingo #2172 | Lake City #813
Red Wing #256 | Zumbrota Mazeppa #2805