

GARY COMMUNITY SCHOOL CORPORATION  
GARY, INDIANA

CHANGE OF STATUS  
NOTICE

DATE AUGUST 10 2011

INSTRUCTIONS: PLEASE TYPE. INDICATE ITEM CHANGED IN CHECK BOX AT LEFT AND FILL IN RELATIVE INFORMATION. DISTRIBUTE COPIES TO OFFICES INDICATED ON BOTTOM OF EACH COPY.

<input type="checkbox"/> NAME	NAME (LAST) <b>DENNIE</b>	(FIRST) <b>DANDRE</b>	(MID. INIT.) <b>JEROME</b>	EMPLOYEE NO. <b>10291</b>
<input type="checkbox"/> ADDRESS	FORMER (STREET) <b>5530 SOHL AVE</b>	(CITY) <b>HAMMOND</b>	(STATE) <b>IN</b>	(ZIP CODE) <b>46320</b>
<input type="checkbox"/> TELEPHONE NUMBER	NEW ADDRESS (STREET) <b>GENERAL DELIVERY</b>	(CITY) <b>CROWN POINT</b>	(STATE) <b>IN</b>	(ZIP CODE) <b>46307-9999</b>
<input type="checkbox"/> MARITAL STATUS	CHANGED TO <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		EFFECTIVE DATE	IF MARRIED, BE SURE TO CHANGE BENEFICIARIES AND SOCIAL SECURITY IN PAYROLL OFFICE.
<input type="checkbox"/> DEPENDANCY CHANGES	HUSBAND OR WIFE'S NAME (MAIDEN NAME)		OCCUPATION	CHECK HERE IF WIFE OR HUSBAND IS ALSO AN EMPLOYEE OF SCHOOL CITY OF GARY.
<input type="checkbox"/> TRAINING * LEVEL	NAME (ATTACH NEW W-4 INDICATING CHANGES)		BIRTH DATE	
<input type="checkbox"/> ADDITIONAL CERTIFICATION	NAME		BIRTH DATE	
	OTHER			
	5 MA ___ MS ___ 6 MASTERS 7 SIXTH YEAR DOCTORS		DATE TO BE COMPLETED	
	OFFICIAL TRANSCRIPTS SHOWING DEGREES AND COURSES MUST BE SUBMITTED FOR VERIFICATION.			
	SUBJECT (ALL CURRENT CERTIFICATES MUST BE FILED WITH THE PERSONNEL OFFICE)			
	KIND	GRADE	ISSUED	EXPIRES

\* TRAINING LEVEL WORK COMPLETED AT (SCHOOL) (CITY) (STATE)

REMARKS: **DIAL ALL NUMBERS AS SHOWN**  
**1 - 219 - 707 - 2650**

SIGNED: **By: Authorized Representative**  
SCHOOL: **WESTSIDE**  
POSITION: **the Lake County Recorder!**

Stamp: MICHAEL R. PLAMMAN, ORDER, 211 AUG 10 PM 3:33, FILED FOR RECORD, STATE OF INDIANA, LAKE COUNTY

FORM NO. P-10D PERSONNEL OFFICE  
WHITE - Personnel Office      YELLOW - Payroll      PINK - Employee      GOLD - Principal or Supervisor

**Documentation of Address Change**

This notice is to inform this office to correct the inaccurate information that you currently have inside of your computer records concerning the change of address. It is my responsibility to let you see how it will be corrected. I informed the IRS and the POST OFFICE, and even filed this in the Lake County Court Records, but forgot to show you until now. Evidence of that is enclosed. After this office first gets it's chance to update and correct that incorrect information, I'll contact you in the future about it to express my gratitude, but if for some reason this office won't or can't change it they way you see it for whatever reason, then we'll have court room assistance to help us out with this situation by using the lawsuit procedure. Failure to correct information after notification has been issued is illegal and unlawful.

Certified mail tracking number 7008 2810 0002 1567 2799

DAndre Dennie  
General Delivery  
Crown Point, IN 46307-9998

State of Indiana

County of Lake

Jurat  
CAROL J. CODY  
Notary Public  
State of Indiana  
My Commission Expires Oct 11, 2014

Subscribed and Sworn before me this 10<sup>th</sup> day of August 2011 by:

Notary Public Carol J. Cody

Affiant's signature Dandre Dennie



B14  
CS  
CA  
NON  
conf



**OFFICE OF THE LAKE COUNTY RECORDER**

LAKE COUNTY GOVERNMENT CENTER  
2293 NORTH MAIN STREET  
CROWN POINT, INDIANA 46307

MICHELLE R. FAJMAN  
Recorder

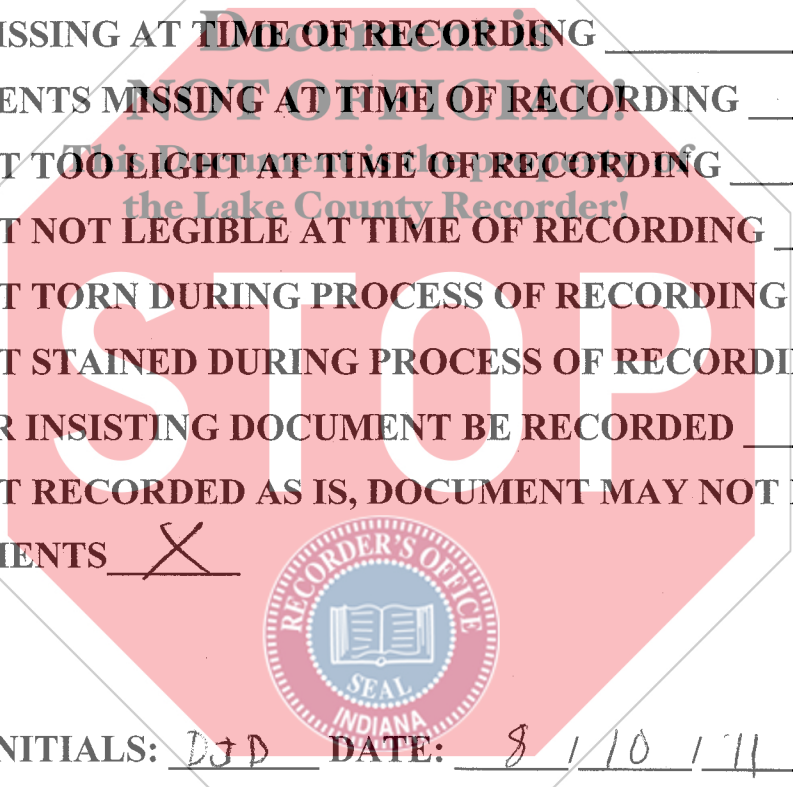


PHONE (219) 755-3730  
FAX (219) 755-3257

**DISCLAIMER**

**This document has been recorded as presented.  
It may not meet with State of Indiana Recordation requirements.**

1. STAINED DOCUMENT AT TIME OF RECORDING \_\_\_\_\_
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING \_\_\_\_\_
3. PAGE(S) MISSING AT TIME OF RECORDING \_\_\_\_\_
4. ATTACHMENTS MISSING AT TIME OF RECORDING \_\_\_\_\_
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING \_\_\_\_\_
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING \_\_\_\_\_
7. DOCUMENT TORN DURING PROCESS OF RECORDING \_\_\_\_\_
8. DOCUMENT STAINED DURING PROCESS OF RECORDING \_\_\_\_\_
9. CUSTOMER INSISTING DOCUMENT BE RECORDED \_\_\_\_\_
10. DOCUMENT RECORDED AS IS, DOCUMENT MAY NOT MEET STATE REQUIREMENTS X



CUSTOMER INITIALS: DJD DATE: 8 / 10 / 11

EMPLOYEE INITIALS: CAF DATE: 8 / 10 / 11