

CHANGE OF NAME and/or ADDRESS FORM

ST. CLAIR COUNTY BOARD OF EDUCATION
410 Roy Drive, Ashville, AL 35953

CHANGE OF NAME

OLD NAME: _____
(as appears on social security card)

NEW NAME: _____
(as appears on social security card)

IMPORTANT: A COPY OF YOUR NEW SOCIAL SECURITY CARD SHOWING
YOUR NAME CHANGE MUST ACCOMPANY THIS FORM.

CHANGE OF ADDRESS

OLD ADDRESS: _____

NEW ADDRESS: _____

NEW PHONE #: _____

EFFECTIVE DATE OF NEW ADDRESS: _____

RETURN THIS FORM TO THE PAYROLL DEPARTMENT AT THE ABOVE ADDRESS.