

Columbus County Schools

Name/Address Change Form

Date: _____

Please select the appropriate change:

Name: _____ Address: _____ Both: _____

Current Name: _____
(First Name) (Middle Initial) (Last Name)

Previous Name: _____

Social Security Number: _____

School/Department: _____ Position: _____

Mailing Address: _____

Telephone Number: _____

A COPY OF YOUR NEW SOCIAL SECURITY CARD IS REQUIRED BEFORE A NAME CHANGE CAN BE COMPLETED.

Employee Signature

Date

Return this form to Human Resource Services

Please check and date when completed:

Department	Completed By:	Date
HR		
Payroll		
Benefits		