

ST. LOUIS COUNTY SCHOOLS, ISD 2142

NAME / ADDRESS CHANGE FORM

It is mandatory to submit this document to the Payroll Office when making a name and/or address change. You are required by federal law to obtain a new Social Security Card each time you change your name for whatever reason. This requirement can be completed by contacting the local Social Security Office. **YOUR NAME CANNOT BE CHANGED ON OUR RECORDS UNTIL YOUR NEW (ORIGINAL) CARD WITH SIGNATURE IS PRESENTED TO PAYROLL.**

PLEASE PRINT CLEARLY

EMPLOYEE NAME: (As currently on records): _____

NAME CHANGE:

Social Security Number: _____

Name Change: _____

ADDRESS CHANGE:

Old Address: _____
Street Apt #

City State Zip Code

Address Change: _____
Street Apt #

City State Zip Code

Current Phone Number(s): _____

I understand that this form serves as official authorization for a change of my name and/or address in my personnel records and that I will provide an original Social Security Card to change my name.

Employee Signature: _____ Date: _____