

# **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.**