

CHANGE OF NAME AND/OR CHANGE OF ADDRESS FORM

NAME CHANGE

Emp #: _____ Current Worksite: _____

Old Name: _____
(as it appears on old social security card)

New Name: _____
(as it appears on new social security card)

Signature: _____

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

ADDRESS CHANGE

Emp #: _____ Current Worksite: _____

Name: _____
(as it appears on social security card)

Old Address: _____

New Address: _____

New Phone No.: _____

Signature: _____

Important: Any change of address should also be reported to the Teachers' Retirement System of Alabama. A form is available online at www.rsa-al.gov to report this change.

Return this form to: Chilton County Board of Education – Human Resources
1705 Lay Dam Road
Clanton, AL 35045