

NAME/ADDRESS/PHONE NUMBER CHANGE FORM

A copy of a driver's license/Michigan I.D. card and Social Security card is required for a name change.

TYPE OF CHANGE:				
____ Name	____ Address	____ Marital Status	____ Phone Number	____ All

Name

First MI Last

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____

Home Email Address (if available) _____

Previous Name (if applicable)

First MI Last

Previous Address (if applicable)

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

_____ Employee Signature	_____ Date
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Please return to Pam Kowalewski, Payroll inter-office, email @ kowalep@wy.k12.mi.us or fax to (734)759-6049.