

**WAKULLA COUNTY SCHOOL BOARD**

*Human Resources Department*  
UPDATE/CHANGE OF INFORMATION

Social Security Number (**last 4 digits only**): XXX – XX - \_\_\_\_\_

Name as shown on Social Security Card: \_\_\_\_\_

Name as currently on record with WCSB: \_\_\_\_\_

**1. I have the following type of change(s):**

**(Check each area that you need to change)**

\_\_\_\_ Name Change (*Before Name is changed in HR, we will have to copy your updated SIGNED SS card*)

\_\_\_\_ Address Change

\_\_\_\_ Telephone Number Change

\_\_\_\_ Emergency Contact Change

\_\_\_\_ Marital Status - Change to  Single  Married (\*)

**2. For each area checked, fill out appropriate information below:**

**NAME CHANGE:** (Attach copy of new **SIGNED** social security card verifying your legal name change.)

Old Name \_\_\_\_\_

New Name \_\_\_\_\_

**ADDRESS CHANGE:**

Old Address: \_\_\_\_\_

\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER CHANGE:** Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Is your number unlisted? \_\_\_\_ Yes \_\_\_\_ No

• **CHANGE IN EMERGENCY CONTACT INFORMATION:**

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**\*Note:** For marital status or dependent changes, please request a new W4 from the Personnel Dept. Please request a new email address from MIS Office at the District Office. Contact Payroll for beneficiaries, insurance, retirement changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**When this form has been completed, send to the Human Resources Office at the District Office.**