

**WATAUGA COUNTY SCHOOLS
NAME/ADDRESS CHANGE FORM**

Please Select the Appropriate Change(s):

Name _____ Address _____ Phone _____ All _____

If you are changing your name, please list your previous name below:

New Name as it appears on your Social Security Card:

School(s):

Address: _____
Street Address

City, State, Zip Code

Phone Number: _____ Alternate Phone: _____

Employee Signature & Date

Printed Name

If you are changing your name, you must attach copies of your updated driver's license & social security card before the name change can be processed.

RETURN THIS FORM TO HUMAN RESOURCES AT THE CENTRAL OFFICE

For Central Office Use Only:

	<u>Complete</u>	<u>Initials</u>
HRMS		
Licensure		
P-File		
SFE		
Connect 5		

	<u>Complete</u>	<u>Initials</u>
SHP		
Mark III		
LINQ		
TSERS		
Email		

11/17/2020