

**ROBERTSON COUNTY SCHOOLS**  
**CLASSIFIED NAME AND / OR ADDRESS CHANGE FORM**

EMPLOYEE: Please complete this form and return it to Tammy Roberts in Human Resources.  
All changes will be sent to the Payroll, Technology, and the Finance Office

Previous Employee Name (print): \_\_\_\_\_

Previous Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

New Employee Name (print): \_\_\_\_\_

I have attached a copy of my marriage certificate and / or divorce decree so my name can be changed.

New Phone Number: \_\_\_\_\_

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

Last Four Digits of Social Security Number: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

By signing this area I am requesting my name and / or address be changed. If changing my name I understand my name will not be changed until the proper documents are attached to this document.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to Tammy Roberts in Human Resources.

**FOR OFFICE USE ONLY**

Human Resources' Signature: \_\_\_\_\_ Date: \_\_\_\_\_