

# ASHEVILLE CITY SCHOOLS

## CHANGE OF INFORMATION FORM

*If you have a change of address, please use LINQ. If you need assistance contact the Human Resource Department 828-350-6137*

**Last Six Digits of Social Security Number:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Current Site/School:** \_\_\_\_\_

**Is this a new address:**

Street Address: USE LINQ TO COMPLETE ADDRESS CHANGE

Home Phone: USE LINQ TO COMPLETE TELEPHONE CHANGE

Cell Phone: USE LINQ TO COMPLETE TELEPHONE CHANGE

Email: \_\_\_\_\_

**Does this indicate a name change:** Yes:  No:

***For a name change, please attach a copy of your social security card with your new name.  
Your name can not be changed without a copy of your new social security card.  
Send via email to [kimberly.montgomery@acsgmail](mailto:kimberly.montgomery@acsgmail) or via courier to the Human Resources Department.***

**New Name:** \_\_\_\_\_

**Former Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(For Central Office Use Only)**

Payroll \_\_\_\_\_

Insurance \_\_\_\_\_

HRMS \_\_\_\_\_

ASEOP \_\_\_\_\_

Technology Team \_\_\_\_\_