



Nash County Public Schools

Name/ Address/ Phone Number Change Request

Step 1: Complete Boxes 1 and 2

Step 2: Complete only the additional boxes for which you request change

Step 3: Sign the document

Step 4: Return to: **Human Resources Department, Attn: Carie Craft**

NCPS Central Office, 930 Eastern Ave, Nashville, NC 27856

E-mail: clcraft@ncpschools.net or FAX: 252-459-6404

BOX #1 - CURRENT INFORMATION (PRINT CLEARLY)

Name: _____

Last 6 of SSN: _____

Date of Birth: _____

School/ Office Location: _____

Current Position: _____

BOX #2

I am requesting to change the following:

(Check all that apply)

- ☐ Name
- ☐ Address
- ☐ Phone Number
- ☐ Other: _____

New Name Change Request

PRINT CLEARLY

****For name changes, please be sure to attach a copy of your updated driver's license and social security card. All licensed personnel must first request and receive name change on NC Teaching License from NCDPI****

FIRST NAME

MIDDLE NAME

LAST NAME

New Address Change Request

PRINT CLEARLY

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

New Phone Number Change Request

Home Number: _____

Cell Number: _____

Work Number: _____

For HR DEPARTMENT USE ONLY:

Date Received: _____

COPIES TO:

Payroll _____ AESOP _____
Benefits _____ Technology _____
HRMS _____ AP _____
Employee file _____

Employee's Signature _____ Date: _____