



WILSON CENTRAL SCHOOL DISTRICT
374 LAKE STREET, P.O. BOX 648
WILSON, NEW YORK 14172-0648

NAME CHANGE FORM

TO:	Amy Phillips, Personnel Specialist
FROM:	
DATE:	

I have legally changed my name to:			
Update address to:			
Update Emergency Contact to:		Name + Relationship	Phone Number
	Primary:		
	Secondary:		
Employee Signature:			

- 1) Fill out and sign this form.
- 2) Bring in or copy your new Driver's License and Social Security Card (for name change).
- 3) Fill out new tax forms: Federal W-4 and NYS IT-2104
- 4) Return all documents to Amy Phillips, Central Office at address above (can mail or stop in), or scan and send to aphillips@wilsoncsd.org.