

BENTON SCHOOL DISTRICT

NAME/ADDRESS CHANGE FORM

Please return this form to the Accounting Department

Please change the following information in my file:

Current name as shown on my check is: _____

Social Security Number: _____-_____-_____

I. NAME CHANGE:

New Name: _____

Reason for Change: _____

(Attach copy of Social Security Card with new name & marriage license or divorce decree)

II. ADDRESS/PHONE CHANGE:

Effective Date: _____/_____/_____

New Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____-_____

I am assigned to this school or location: _____

SIGNATURE

DATE

For Office Use:

Information Corrected:

Payroll Screen _____

Vendor Screen _____

Benefits _____

ATRS _____

Personnel _____