

# 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: XXX - XX - \_\_\_\_\_

### I. NAME CHANGE:

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

Reason for Change: \_\_\_\_\_

(A copy of Social Security Card must be attached in order to update any name change.)

### II. ADDRESS / PHONE CHANGE:

Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

New Street / Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number for District Text Alerts: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I am assigned to this school or location: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

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**For Office Use - Information Corrected:**

Payroll Screen \_\_\_\_\_

Benefits \_\_\_\_\_

Accounting\* \_\_\_\_\_

Vendor Screen \_\_\_\_\_

Personnel \_\_\_\_\_

\*Update both home & cell fields for District  
Text Alerts