

**ARKADELPHIA PUBLIC SCHOOL DISTRICT #1**

**NAME/ADDRESS CHANGE FORM**

Please return this form to the Business Office

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 marriage license, divorce decree, legal name change document and a copy of your new social security card )

**II. ADDRESS/PHONE NUMBER CHANGE:**

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

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

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

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

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

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

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**For Office Use:**

Information Corrected:

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

Benefits \_\_\_\_\_

Technology \_\_\_\_\_

A/P \_\_\_\_\_