

**ALEXANDER CITY BOARD OF EDUCATION**

Name Change (A Copy of your new social security card must accompany this form to change your name.)

Present Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_XXX-XX-\_\_\_\_\_

School or Location: \_\_\_\_\_

Job Position or Title \_\_\_\_\_

I give permission to have my name changed on all of my employee records and files.

\_\_\_\_\_  
Employee's signature Date

Please notify your school payroll secretary of any changes.