

# Sumter County Schools Personal Data Change Form

Full Name \_\_\_\_\_

SSN#: \_\_\_\_\_

Check all that apply:

Date: \_\_\_\_\_

\_\_\_\_ Name Change

Work Location: \_\_\_\_\_

\_\_\_\_ Address Change

Position: \_\_\_\_\_

## NAME CHANGE:

A copy of your social security card must be attached to this form to make a name change.

Name
New Name

## ADDRESS:

Current Address
New Address

Please deliver to: Personnel