

Cumberland County Schools Address/Name Change Form

Name of Employee: _____ Date: _____

Address: _____

City, State, ZIP: _____

Name Change*: New Name: _____

School & Position: _____

Social Security Number _____

Current Phone Number: _____

- **Submit to HR:**
- *For name changes you must present copies of the following documents:
 - Driver's License
 - Social Security Card
- **Submit to TN Dept. of Ed:**
- For Certified staff you must also submit name changes TN Compass for licensure.

Employee Signature: _____ Date: _____