

# Pottsville School District

## CHANGE OF MAILING ADDRESS / NAME FORM

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(Name of Employee)

(Social Security Number)

### SECTION A: CHANGE OF MAILING ADDRESS

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Old Address (Street number and name or Post Office Box number)

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(City or Town)

(State)

(Zip Code)

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New Address (Street number and name or Post Office Box number)

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(City or Town)

(State)

(Zip Code)

### SECTION B: CHANGE OF NAME

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Previous Name (Last, First and Middle Initial)

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New Name (Last, First and Middle Initial)

Respectfully authorized and requested:

Signature of employee: \_\_\_\_\_

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