



**UNION COUNTY
SCHOOL DISTRICT**

Building The Future One Child At A Time

CHANGE OF NAME/ ADDRESS FORM

EMPLOYEE NAME: _____

NEW ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGNATURE

DATE

Please send this form to the Central Office – Attention: Cary Weeden
She will send you the paperwork to change your name and/or address for
insurance, retirement, and other benefits.