

**West Point Consolidated School District  
CHANGE FORM**

**NAME**

Previous Last Name	Previous First Name	Previous Middle Name
New Last Name	New First Name	New Middle Name

*Need a copy of new social security card before name can be changed.*

**Address**

New Street Address	City	State	Zip Code
Phone			

**Drop Insurance Deduction**

1.
2.
3.
4.

Signature	Social Security Number	Date
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