

Coffee County Schools

CHANGE OF ADDRESS/NAME CHANGE

Date of Change: _____

Request to change:

- Name
- Address
- Phone

Needed Documentation for Name Change

- Social Security Card**
- Marriage Certificate (if applicable for Benefits)**

Name: _____

New Home Address: _____

County: _____

Social Security Number: _____

Phone Number: _____

Office Use Only

- ___ Local Government/Payroll (jm)
- ___ Siesta (jm)
- ___ Local Government/Vendor (mt)
- ___ Stephanie (Name Change Only) (mt)
- ___ Medical (cr)
- ___ Dental and Vision-BCBS (cr)
- ___ USABLE (cr)
- ___ TASC (cr)