

**JASPER SCHOOL DISTRICT  
NAME AND ADDRESS CHANGE FORM**

*Please return this form to the Business Office*

Please change the following information in my file.

Current name as shown on my check is \_\_\_\_\_

Social Security number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**I. Name Change:**

(A copy of your new Social Security card with your new name must be attached or your files cannot be corrected) Note: Copy of legal name change document is required.

New Name on my Social Security Card is:

\_\_\_\_\_  
(Please Print)

**II. ADDRESS/HONE CHANGE:**

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

New Street/Mailing Address\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

I am assigned to this school or locations: \_\_\_\_\_

\_\_\_\_\_  
Signature / Date

For Office Use Only

Address Corrected \_\_\_\_\_

Payroll Screen \_\_\_\_\_

Vendor Screen \_\_\_\_\_

Benefits \_\_\_\_\_

Form sent to Teacher Retirement \_\_\_\_\_

Teacher Card: \_\_\_\_\_