

NAME / ADDRESS / TELEPHONE CHANGE FORM

Date CHANGE AFFECTS NAME ADDRESS PHONE EMAIL

NAME

****In order to change your name, an updated version of your social security card must be submitted along with this form.****

PREVIOUS NAME

ADDRESS

CITY STATE ZIP

MAIN PHONE ALTERNATE PHONE

(Main phone to be used for snow day/emergency calls)

(Alternate phone to be used as additional contact info)

EMAIL (email address to be used for direct deposit emails)

SCHOOL DISTRICT OF RESIDENCE DISTRICT NUMBER

DO YOU LIVE IN CITY TOWNSHIP CURRENT POSITION BUILDING

IF YOU CURRENTLY HAVE STUDENT ATTENDING AVON SCHOOLS, DOES THIS CHANGE AFFECT THEM? YES NO

RETURN THIS FORM TO THE TREASURER'S OFFICE

BENEFIT INFORMATION

NOTE: FOR ANY CHANGES TO YOUR BENEFITS (OTHER THAN THE ONES LISTED ABOVE) PLEASE CONTACT JULIE WEST: EXT 2909