

ALEXANDER CITY BOARD OF EDUCATION

Name Change (A Copy of your new social security card must accompany this form to change your name.)

Present Name: _____

New Name: _____

Social Security #: _____XXX-XX-_____

School or Location: _____

Job Position or Title _____

I give permission to have my name changed on all of my employee records and files.

Employee's signature

Date

Please notify your school payroll secretary of any changes.