

Pottsville School District

CHANGE OF MAILING ADDRESS / NAME FORM

(Name of Employee)

(Social Security Number)

SECTION A: CHANGE OF MAILING ADDRESS

Old Address (Street number and name or Post Office Box number)

(City or Town)

(State)

(Zip Code)

New Address (Street number and name or Post Office Box number)

(City or Town)

(State)

(Zip Code)

SECTION B: CHANGE OF NAME

Previous Name (Last, First and Middle Initial)

New Name (Last, First and Middle Initial)

SECTION C: STAFF DIRECTORY INFORMATION

(Phone number you want listed)

Name of Spouse

Respectfully authorized and requested:

Signature of employee: _____

Date: _____