



**UNION COUNTY
SCHOOL DISTRICT**

Building The Future One Child At A Time

**CHANGE OF NAME/
ADDRESS FORM**

EMPLOYEE NAME: _____

NEW ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGNATURE

DATE

Please send this form to the Central Office – Attention: Cary Weeden
She will send you the paperwork to change your name and/or address for insurance,
retirement, and other benefits.

KEN BASIL
Superintendent

WINDY FAULKNER
Assistant Superintendent

BOARD OF TRUSTEES

MICKEY BASIL
MIKE BROWNING
TERRY COOK
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