

# North Schuylkill School District



## CHANGE OF NAME – ADDRESS PHONE NUMBER – EMAIL

Name of Employee \_\_\_\_\_

Please fill out the following information immediately when you have a change in your name, address, email or phone number and return it to the Superintendent's Office.

New Name \_\_\_\_\_  
(PLEASE PRINT NEW NAME EXACTLY HOW YOU WANT TO BE LISTED)

New Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Cell Phone Number \_\_\_\_\_

New Home Phone Number \_\_\_\_\_

New Email Address \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

FOR OFFICE USE ONLY

Copy to:  Payroll