

## Surry County Public Schools Payroll Office

P.O. Box 317 Surry, VA 23883

Tele: (757) 294-5229 Fax: (757) 294-5263

## **CHANGE OF NAME/ADDRESS FORM**

If you are reporting a name change, please attach a copy of your new Social Security Card to this form and send it to the Payroll Office. We cannot change your name until we receive a copy of your new Social Security Card.

New Name Last	First	Middle/Maiden	Soc	ial Security Number
Former Name Last	First	Middle/Maiden	Effe Month	cetive Date of Change Day Year
New Address Number & Street	City	State	Zip	Telephone #
Former Address Number & Street	City	State	Zip	Telephone #
Signature			Date	
Print Your N	ame			