

Scott County Schools Personal Data Change Form

Please complete all blanks with the correct information and return immediately to the Scott County Board of Education Central Office.

(First Name) (New Last Name) (Previous Last Name) (Middle I)

(Date of Birth) (Marital Status) (SS #)

(Mailing Address) (City) (State) (Zip)

(Phone Number) (Cell #) (E-mail)

School/Location _____ Present Position _____

PLEASE CHECK ANY CHANGES

Address Yes No Phone Number Yes No Direct Deposit Yes No

Last Name Yes No Martial Status Yes No

Reason for changes: Marriage Divorce Other _____

IMPORTANT: Legal proof of name change MUST be attached to this form (Marriage Certificate/Divorce Degree, etc.)

EMERGENCY CONTACT INFORMATION

(Name) (Phone Number) (Relationship)

(Employee Signature) (Date)