

# REYNOLDSBURG CITY SCHOOLS



## Change of Personal Information Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

School / Department: \_\_\_\_\_

**Effective Date of Change:**

Position: \_\_\_\_\_

\_\_\_\_\_

**Complete the section below that is applicable to the change requested. Applicable section must be completed in its entirety with required documentation.**

### Address Change

Previous Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Previous Telephone Number: \_\_\_\_\_

**NEW** Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**NEW** Telephone Number: \_\_\_\_\_

**NEW** School District of Residence: \_\_\_\_\_

### Name Change

**NEW** Name: \_\_\_\_\_  
(First) (Middle) (Last)

**Please attach a copy of your new social security card verifying the change of name.**

### Change in City Tax Deduction

Previous City: \_\_\_\_\_

**NEW** City: \_\_\_\_\_

NOTE: YOU are responsible for changing your information with the Retirement System, Credit Unions and any other outside organization.

10/2018