

# NAME / ADDRESS CHANGE

For

Avon Community School Corporation

Today's Date: \_\_\_\_\_

## Name Change

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

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

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

**(Please Note: To change your name, we will also need new tax forms and legal documentation supporting name change)**

## Address Change

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

Old Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

New Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Please return completed form to Payroll at the Administration Center**