

CHANGE OF NAME/ ADDRESS FORM
FINNEYTOWN LOCAL SCHOOL DISTRICT
8916 FONTAINEBLEAU TERRACE
CINCINNATI, OH 45231

NAME: (as it currently appears on school records)

SIGNATURE: _____ Date: _____

When making a name or address change, it is necessary to contact your benefit providers, and STRS or SERS.

Only complete the information that you want to change

NAME CHANGE: (You must provide proof of name change. Examples of proof documents include social security card, marriage license, divorce decree, court order)

(Print your new name)

DATE OF CHANGE: _____

NEW ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

PHONE _____

PUBLIC SCHOOL OF RESIDENCE _____

NOTE: It is your responsibility to send this form to the Treasurer's Office so that all records can be updated. Failure to do so could result in your contract or other official notifications not arriving on time or at all. No other form will be accepted for change of name or address on school records in the central office.

FOR OFFICE USE ONLY:

_____ Orig- Payroll _____ Date Changed _____ Initials

_____ Copy: Personnel _____ Date

_____ Copy: Technology _____ Date
