

**MAINE SCHOOL ADMINISTRATIVE DISTRICT #49
FORM FOR ADDRESS/NAME CHANGE**

NAME: _____ LAST 4 DIGITS OF SOC. SEC. # _____

ADDRESS CHANGE

ADDRESS: _____

CITY/STATE: _____

PHONE NUMBER: _____

NAME CHANGE (Please provide a copy of your new Social Security Card)

PREVIOUS NAME (ONLY IF NAME CHANGE): _____

SIGNATURE: _____ DATE: _____

mm/dd/yy

PLEASE RETURN COMPLETED FORM TO THE BOOKKEEPING OFFICE

The following information is for office use only DO NOT check:

____ PAYROLL

____ ACCOUNTS PAYABLE

____ DENTAL

____ MARCIA'S DATABASE

____ MainePERS

____ BLUE CROSS

____ COPY TO SUPT/SP ED

____ MEDMS/NEO