

HOOVER CITY BOARD OF EDUCATION NAME AND/OR ADDRESS CHANGE

Social Security #: XXX-XX-_____

Name Currently Shown on Payroll: _____

Name Change to: _____

(Must attach **NEW** Social Security Card.)

Old Address: _____

New Address: _____

School or Location: _____

Job Position or Title: _____

Please complete and return the original notarized form to:

Hoover City Schools, Payroll Dept., 2810 Metropolitan Way, Hoover, AL 35243

I give permission to have my name and/or address changed on all of my employee records and files.

Signature Certification	Your Signature _____	Date _____
Sign Here →	State of _____, County of _____	
Please have your signature acknowledged before a Notary Public.	On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.	
Seal	Signature of Notary Public _____	
	My Commission Expires _____	