

TUPELO PUBLIC SCHOOL DISTRICT
CHANGE OF STATUS FORM

Section 1

Change of Personal Data:

NEW

OLD

Name:

SSN#:

Address:

Phone:

***A copy of your new social security card must accompany a name change.**

School/Department _____

I understand my address/name will be changed with all insurances pertaining to my benefit selections.

Signature: _____

Date of Signature: _____

Effective Date of Change: _____

CC: ASST. TECHNOLOY COORDINATOR//SAM ADMINISTRATOR _____ / _____

Initial

Date