



NOTICE OF CHANGE

NAME _____ EFFECTIVE DATE OF CHANGE _____

SCHOOL _____ POSITION _____

CHANGE OF ADDRESS _____

STREET OR ROUTE #, BOX #

CITY

STATE

ZIP CODE

CHANGE OF PHONE NUMBER _____

CHANGE IN CLASS OR GRADE ASSIGNMENT: _____

FROM _____

TO _____

CHANGE OF LAST NAME _____

CHANGE OF SOCIAL SECURITY NUMBER _____

OTHER CHANGES _____

DATE _____ SIGNATURE _____

RETURN TO: Jodi Sager
Wayne County Schools
P.O. Box 70
Wayne, WV
25570