



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