

WILSON COUNTY SCHOOLS  
PO BOX 2048  
WILSON, NC 27894-2048

**REQUEST FOR CHANGE OF ADDRESS**

Please forward completed form to Human Resource Services. Allow 5-7 days upon receipt of this form for the information to be updated in our systems.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (Middle Initial) (Last)

Soc. Security # \_\_\_\_\_ Job Site \_\_\_\_\_ Position \_\_\_\_\_

New Address \_\_\_\_\_  
(Street or Box No.) (City) (Zip Code)

\_\_\_\_\_  
(County) (State) (Telephone)

Mailing Address (if different) \_\_\_\_\_  
(Street or Box No.) (City) (Zip Code)

\_\_\_\_\_  
(County) (State) (Telephone)

Former Address \_\_\_\_\_  
(Street or Box No.) (City) (Zip Code)

\_\_\_\_\_  
(County) (State) (Telephone)

**This form may NOT be used to CHANGE your legal name. You will need to contact Human Resource Services for additional information.**

Date Received: _____
Date to Payroll: _____
Date to HB: _____
Date Updated: _____