



KNOX COUNTY SCHOOLS  
 Human Resources Department  
 P.O. Box 2188  
 Knoxville, TN 37901-2188 or  
 Tel: 865-594-1929  
 Fax: 865-594-3758

## NAME AND/OR ADDRESS CHANGE REQUEST

EMPLOYEE NAME (LAST, FIRST, M.I.) AS IT APPEARS ON PAYROLL CHECK	LAST 4 DIGITS OF EMPLOYEE SSN XXX-XX-	EMPLOYEE NUMBER
SCHOOL/DEPARTMENT	ROLE/POSITION	

**New Phone Number?** [Please login to the KCS Employee Self Service website to update your phone number.](#)

The State of Tennessee Local Education Health Insurance Plan requires that Knox County Schools list the reason for the above changes on their computer system.

If you are requesting a name change, is the change due to:      Marriage              Divorce              Other

### NAME CHANGE

For a name change, please enter your new name below and include a copy of your new social security card.		
NEW LAST NAME	FIRST NAME	M.I.

**Please note:** A copy of your social security card, on which the Social Security Administration has imprinted your new name, must be attached to request a name change. If you are a certified teacher and you have changed your name, you must also update your name on your TN teaching license in [TNCompass](#).

### ADDRESS CHANGE

For an address change, please enter your new address below.			
MAILING ADDRESS (Street address, P.O. box)			TELEPHONE
CITY	STATE	ZIP	EFFECTIVE DATE OF CHANGE MM/DD/YYYY

Please contact the [Benefits & Employee Relations Office](#) at 594-1686 if you need to drop or add dependents, due to marriage or divorce, on your health or dental insurance plan. You may also get Change of Beneficiary forms for both life insurance and retirement from the Benefits & Employee Relations Office.

### AUTHORIZATION

I hereby authorize the information in my file to be changed as indicated above.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**No changes will be made without your signature in the authorization section of this form.**

*Please send the completed form and attachments to the address or fax at the top of this form.*