

***Starkville Oktibbeha
Consolidated School District
Change of Information
Form***



PREVIOUS NAME: _____

CURRENT NAME: _____

*****all name changes must have updated social security card attached*****

UPDATED ADDRESS

Please drop the following insurance deduction(s):

COMPANY	DEDUCTION AMT
_____	_____
_____	_____
_____	_____

I certify that the above information is correct and I agree to the changes above:

Employee Signature

Date