



WILSON CENTRAL SCHOOL DISTRICT  
374 LAKE STREET, P.O. BOX 648  
WILSON, NEW YORK 14172-0648

**NAME CHANGE FORM**

<b>TO:</b>	Amy Phillips, Personnel Specialist
<b>FROM:</b>	
<b>DATE:</b>	

I have legally changed my name to:			
Update address to:			
Update Emergency Contact to:		Name + Relationship	Phone Number
	Primary:		
	Secondary:		
Employee Signature:			

- 1) Fill out and sign this form.
- 2) Bring in or copy your new Driver's License and Social Security Card (for name change).
- 3) Fill out new tax forms: Federal W-4 and NYS IT-2104
- 4) Return all documents to Amy Phillips, Central Office at address above (can mail or stop in), or scan and send to [aphillips@wilsoncsd.org](mailto:aphillips@wilsoncsd.org).