



**THOMAS COUNTY SCHOOLS** Dr. Lisa Williams, Superintendent

200 N. Pinetree Blvd., Thomasville, GA 31792 | 229-225-4380 | 229-225-5012 Fax

## CHANGE OF ADDRESS FORM

### OLD ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### NEW ADDRESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PHONE NUMBER

Old: \_\_\_\_\_ New: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note this form is to be used to change your MAILING address/phone number only. This address will be used for your pay stubs (if they are not picked up) and any other payroll correspondence. Name changes cannot be submitted on this form. A new Social Security Card must be submitted to the payroll office for all name changes.

#### *Board of Education*

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