



Tim L. Martin, Ed. D.
Superintendent of Education

Clinton Public School District
P.O. Box 300
Clinton, Mississippi 39060
Phone 601-924-7533 Fax 601-924-6345

EMPLOYEE CHANGE OF NAME

FORMER NAME: _____

SOCIAL SECURITY #: _____

NEW NAME: _____

REASON FOR CHANGE: () *Marriage*
() *Divorce*
() *Legal change of name*
() *Name Incorrectly Spelled*

Employee Signature: _____ Date: _____

**Note: You must include a copy of your social security card and appropriate documentation (e.g., marriage certificate, driver's license, divorce decree, etc.)*

Ashley Byrd, Personnel/Insurance Specialist
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