

Wilton-Lyndeborough Cooperative School District
School Administrative Unit #63

Employee Information Change Form

Employee Name: _____

To change name:

Previous Name: _____

New Name: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

To change address or phone number:

New address: _____
(mailing; City/State/Zip)

Phone #: _____
(include area code)

To change emergency contact:

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____
(include area code)

Employee's Signature: _____ Date: _____