

**WESTBROOK SCHOOL DEPARTMENT**  
117 Stroudwater Street  
Westbrook, Maine 04092  
Phone: (207) 854-0800 FAX: (207) 854-0809

# INFORMATION CHANGE FORM

Name \_\_\_\_\_

Effective date of change(s) \_\_\_\_\_

*Please check the box(es) indicating what information has changed.*

Name Change \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

*I would like to request the following change forms from payroll:*

Medical Insurance

Dental Insurance

W-4

Maine State Retirement

Request information on direct deposit

Other \_\_\_\_\_

**PLEASE RETURN THIS FORM TO CENTRAL OFFICE. THANK YOU.**