

MINERALCOUNTY SCHOOL DISTRICT

ADDRESS VERIFICATION FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mailing Address: P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip: \_\_\_\_\_

Residence Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

Emergency Contact: Name of Person: \_\_\_\_\_  
Relation to Employee: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Please notify the payroll office when the above information changes so that we are assured to have accurate records.