

CHANGE OF INFORMATION

www.JKentStaffing.com



Current Name on File: _____
Last Name (Print) First Name (Print) M.I.

Social Security #: _____ / _____ / _____ Change Effective Date: ____ / ____ / ____

PLEASE COMPLETE THE SECTIONS APPLICABLE TO YOUR CHANGE:

1. **NAME CHANGE** (please fill in new information below)

Last Name (Print) First Name (Print) M.I.

2. **ADDRESS CHANGE** (please fill in new information below)

Street/Apt.

City State Zip

3. **CONTACT CHANGE** (please fill in new information below)

Home Phone Cell Phone Work Phone Ext.

Email Address Website

I hereby authorize J. Kent Staffing to make changes to my information on file as indicated above.

Signature Date

<p>For Corporate Use Only</p> <p>Request Received (Date): ____ / ____ / ____ Processed by: _____ Date Processed: ____ / ____ / ____</p>
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TO SUBMIT

Fax Change of Information form to: 303-777-0972 OR Email to: accounting@JKentStaffing.com