



**CHANGING INFORMATION OR
ADDING INFORMATION
(Registered Users)**

SOCIAL SERVICES PROGRAM

PURPOSE OF THIS FORM:

I am already a registered user and I need to make changes or additions for my Agency to be able to access The Work Number's Social Services data. I understand that The Work Number is a service of TALX Corporation, which provides certain employment and compensation data to my Agency under the terms of our service agreement.

Check here if you are requesting to delete the previous information and replace it with "NEW CONTACT INFORMATION"

REQUIRED

PREVIOUS CONTACT INFORMATION	
Agency Name:	_____
DBA, if different:	_____
Mgmt Company:	_____
Address:	_____
City:	_____
State & Zip Code:	_____
Contact Person:	_____
Contact Title:	_____
Telephone:	_____
Fax:	_____
Email:	_____

NEW CONTACT INFORMATION	
Agency Name:	_____
DBA, if different:	_____
Mgmt Company:	_____
Address:	_____
City:	_____
State & Zip Code:	_____
Contact Person:	_____
Contact Title:	_____
Telephone:	_____
Fax:	_____
Email:	_____

*****Incomplete forms may delay processing of your request*****

FAX NUMBERS TO DELETE

ADDITIONAL FAX NUMBERS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Name (Print): _____

Title (Print): _____

Date: _____