

NAME CHANGE REQUEST FORM

If you are interested in formally changing your name, and/or correcting how your name is currently spelled in the District's system, you must first update your social security card with the Social Security Administration. Once you receive your new card, bring the original to Human Resources and we will change your records to reflect the corrected name.

Please complete this form, print it, and sign it and bring it to Human Resources along with your new Social Security Card. If applicable, you will be given instructions on how to change your name with your retirement and benefit carriers.

My previous name was: _____

Please change my name to: _____

Employee ID # _____

Current Medical Plan: _____

This name change is due to:

Divorce

Marriage

Voluntary/Correction

Check here if you would like Human Resources to update your name with your health plans.

Please print and sign below. We will be unable to process this request without your original signature. Bring completed form to Human Resources-Benefits, along with your **new social security card**.

Signature: _____

Date: _____