Request for Change in Personnel Records

Name: _____ Social Security #: _____

School: _____

In order tomake the necessary name change, you must provide written proof f
the Social Security office. Changes in Social Security records must be made at the
nearest Social Security office.

If requesting a name change, enter new name here exactly as you will use it at

_____

(Last Name) (First Name) (Former Name)

Date of Change: _____

New Address: _____

_____

_____

If you require changes for any of the following, please check

Hospitalization ☐
Excess Major Medica ☐
Name and/or Beneficiary filed with the NYS Retirement Systen ☐
Dental ☐
District Life Insurance ☐
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