



Request for Name Change

DATE OF CHANGE: _____

NAME CHANGED FROM: _____

NAME CHANGED TO: _____

EMPLOYEE SIGNATURE

EMPLOYEE TELEPHONE NUMBER

EMPLOYEE ID NUMBER

SCHOOL SITE

ADDRESS

CITY

STATE

ZIP CODE

REQUIRED FORMS/DOCUMENTATION TO BE COMPLETED & RETURNED TO HUMAN RESOURCES:

- W-4
- Life Insurance Form
- Teacher Retirement (If Applicable)
- Copy of Teacher Certification Application (If Applicable)
- Copy of Updated Social Security Card
- Marriage Certificate or Divorce Decree (Insurance & OTR REQUIRE this for name change)

**Your name will be changed in PowerSchool & on your school email.
You will be notified by our IT department when this takes place.**