



# Name/Address Change Form

(Please Print)

Name \_\_\_\_\_ Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School/Dept \_\_\_\_\_ Position \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### Howard County Employee (please check one)

- Active
- Not active
- Retiree
- Substitute (teacher, assistant, clerical, nurse)

### Applicant (please check one)

- Teacher
- Classified
- Administrative

### **Name Change Must be Accompanied by Confirming Documentation**

Copy of Driver's License with new name OR Marriage License/Divorce Decree must be attached

Please Enter Changes Below

Effective Date \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Telephone NO \_\_\_\_\_

\_\_\_\_\_  
Signature

Please return **two (2) signed copies of this form** and copies of all documentation to:

**HOWARD COUNTY PUBLIC SCHOOLS**  
Office of Human Resources, File Clerk  
10910 Route 108 • Ellicott City • MD 21042  
[www.hcpss.org](http://www.hcpss.org) \*FAX (410) 313-6692