



**MANCHESTER PUBLIC SCHOOLS**

45 North School Street  
Manchester, Connecticut 06042

**NOTICE OF NAME AND/OR ADDRESS CHANGE**

**PLEASE NOTE:** If you are changing your name, you **MUST** provide Human Resources with your original social security card with your **NEW** legal name. **TEACHERS** should also change their name and/or address with the State Department of Education.

EMPLOYEE ID#: \_\_\_\_\_ SCHOOL/LOCATION: \_\_\_\_\_

NAME ON FILE: \_\_\_\_\_

POSITION: \_\_\_\_\_

**CHANGE OF NAME:**

*IF APPLICABLE, DISPLAY NAME ON THE INTERNAL BOE EMAIL WILL BE UPDATED*

NEW LEGAL NAME (IF NAME CHANGE): \_\_\_\_\_

DID YOU NOTIFY THE STATE (IF APPLICABLE)?  YES  NO

EFFECTIVE DATE FOR CHANGE: \_\_\_\_\_

**CHANGE OF ADDRESS:**

NUMBER AND STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DID YOU NOTIFY THE STATE (IF APPLICABLE)?  YES  NO

EFFECTIVE DATE FOR CHANGE: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO: Human Resources, 45 North School Street, Manchester, CT 06042**

To Be Completed By Human Resources			
Original SS Card copied by: _____	(HR initial)	Munis Updated ___	Kelly Updated ___
Group notification ___		File Label ___	