

**ELLINGTON PUBLIC SCHOOLS
NOTICE OF NAME AND/OR ADDRESS CHANGE**

Name Change Address Change

Change in Status Effective Date: _____

PLEASE NOTE: SUPPORTING DOCUMENTATION REQUIRED

*If you are changing your name, you **MUST** provide Human Resources with a copy of your Social Security Card showing your **NEW** legal name. **TEACHERS** should also change their name and/or address with the State Department of Education.*

If you are changing your address, please provide supporting documentation such as a copy of your driver's license with new address or utility bill.

NAME ON FILE: _____

SCHOOL/LOCATION: _____

CHANGE OF NAME

If applicable, display name on the internal BOE email will be updated.

NEW LEGAL NAME: _____

DID YOU NOTIFY THE STATE (if applicable): YES No

CHANGE OF ADDRESS

NUMBER AND STREET: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ PERSONAL EMAIL: _____

DID YOU NOTIFY THE STATE (if applicable): YES No

ADDITIONAL NOTES:

RETURN TO: Jennifer Brown, Human Resources Coordinator, Administration Building
(Please attach supporting documentation, as mentioned above.)

For Office Use Only
Distribution

- | | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> HR | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Security | <input type="checkbox"/> Technology | <input type="checkbox"/> School/Location |