

Sachem Central School District at Holbrook

REQUEST FOR CHANGE IN PERSONNEL RECORDS

NAME:	SOCIAL SECURITY #:
SCHOOL:	JOB TITLE:

IN ORDER TO MAKE THE NECESSARY NAME CHANGE, YOU MUST PROVIDE WRITTEN PROOF FROM 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 it appears on your social security card.

Last Name:	First Name:	Former Name:
------------	-------------	--------------

Date of Change: _____

New Address: _____

New Telephone Number: _____

IF YOU REQUIRE CHANGES FOR ANY OF THE FOLLOWING, PLEASE CHECK:

- HOSPITALIZATION
- EXCESS MAJOR MEDICAL.....
- NAME AND/OR BENEFICIARY FILED WITH THE NYS RETIREMENT SYSTEM.....
- DENTAL.....
- DISTRICT LIFE INSURANCE.....
- TEACHERS' ASSOCIATION LIFE INSURANCE....
- AFLAC.....

**** ALL CHANGES MUST BE ACCOMPANIED BY A W-4 FORM.**
**** ALL NAME CHANGES FOR TEACHING PERSONNEL MUST BE REPORTED TO THE NEW YORK STATE EDUCATION DEPARTMENT**
**** ALL NAME CHANGES FOR NON-INSTRUCTIONAL PERSONNEL, MUST SUBMIT A CIVIL SERVICE NAME CHANGE FORM**

SIGNATURE

DATE