



HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE
WESTMONT, NEW JERSEY 08108
PHONE: 856-869-7750 ext. 1100
FAX: 856-854-7792
WEBSITE: www.haddontwpschools.com

EMPLOYEE REQUEST FOR LEGAL NAME CHANGE and EMPLOYEE CHANGE OF ADDRESS FORM

CHANGE: Name Address

Employee Information

Effective Date: _____

Full Name:
Contact Number:
Home School:

New Address

Number & Street:
City:
State & Zip:

Current employees may change the name on their personnel file for the following reasons: Marriage, Divorce and other legal name change.

All requests must be accompanied by the following forms of documentation for verification of the legal name change and brought to the Board of Education building:

- Marriage Certificate /Divorce Decree
- Driver License
- Social Security Card

Former Name:

<i>Last name</i>	<i>First name</i>	<i>Middle name</i>
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New or Corrected Name:

<i>Last name</i>	<i>First name</i>	<i>Middle name</i>
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Signature: _____

Date: _____

**** If you have Summer Savings, you must complete Summer Saving Change of Address Form as well ****

HT Office Use Only

*** Please scan and email to the department listed below***

Received by: _____ Received date: _____

CC: Payroll - Pension/Benefits - Superintendent Secretary – Curriculum Secretary – Data System Secretary