

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

NAME CHANGE FORM

A copy of your signed social security card with your new name must be attached in order for your name change to be processed.

NAME CURRENTLY ON FILE:

PERSONNEL #:

NEW NAME (Print your name exactly as it appears on your social security card):

Line 1 _____

Line 2 _____ (Use only if 2 lines are used on social security card)

EMPLOYEE SIGNATURE:

DATE:

Submit completed, signed form (with copy of social security card) to the Personnel Records Department.