



# Change of Personnel Records

Please use blue or black ink ONLY

**TO BE RETURNED TO:** Human Resources  
Anne Arundel County Public Schools  
2644 Riva Road · Annapolis, Maryland 21401-7393

Present School/Office	Position Held	Effective Date
Current Name on Record (Last)	(Jr., Sr., III) (First)	(M.I.) (Maiden Name, if applicable)

Employee Status (check one)

- Active** (currently employed w/ AACPS)     **Inactive** ( Retired    Resigned    Terminated)

## Name Change ONLY

Social Security Number	New Name (Last)	(Jr., Sr., III)
	(First)	(M.I.)

### Reason for Change

- Status Change (Marriage, Divorce)  
 Official Court Order Change  
 Citizenship Status Change

To notify AACPS of a legal name change, employees must submit copies of two documents:

- 1) a legible copy of your signed, new social security card reflecting the new name **AND**
- 2) **one** copy of the following official documents:
  - Marriage document
  - Divorce Decree (specifically stating your name change from your old name to your new name)
  - Court Order for a name change from old to new name
  - Certificate of Naturalization

The signed and dated Change of Personnel Records Form must be accompanied with the two required documents. You may fax the required copies of documents to 443-458-0137. You will receive a confirmation once your name change is processed with additional instructions. You may be contacted if a new I-9 Employment Eligibility Verification Form needs to be completed. All copies of documents submitted must reflect evidence of official seals and should be apparent on the copies submitted unless it is embossed by the issuing agency. Questions can be directed to Employee Records File Room (ERFR) Division of Human Resources AACPS at 410-222-5098.

## Address/Phone Number Change

Social Security Number	Street		
	Apt. No., Box No.		
	City	State	Zip Code
Name of county if address is in Maryland		Country (if applicable)	
Phone			

**For phone change only:** Please submit this form only. No other documents are necessary.

**For change of address:** This form must be signed and dated and must be accompanied with the original federal (W-4) and state (MW 507), which can be found on the AACPS home page - [www.aacps.org/Human Resources/Employee Forms/Payroll Section](http://www.aacps.org/Human Resources/Employee Forms/Payroll Section). If you have any questions, please contact your designated Payroll Clerk. (All original completed tax forms must be submitted - copies will not be accepted.)

<b>Required</b>	_____	_____
	<b>Employee Signature</b>	<b>Date</b>

<b>HR Use Only</b>	Retirement: _____ Date Initial	Employee Records File Room (ERFR): _____ Date Initial	Payroll: <input type="checkbox"/> sent notice of required W-4 & MW507 form to employee <input type="checkbox"/> Comments
	<input type="checkbox"/> HRIS <input type="checkbox"/> HR Tracking <input type="checkbox"/> File Labels <input type="checkbox"/> Filed in OPF		