



# Legal Name Change Form

Please use **BLUE** or **BLACK** ink **ONLY**

**TO BE RETURNED TO:** Human Resources - Employee Records File Room (ERFR)  
Anne Arundel County Public Schools  
2644 Riva Road • Annapolis, Maryland 21401-7393

**You must notify Benefits (410-222-5221) within 31 days of a qualifying event or wait until the next Open Enrollment to make changes to your current benefits packages**

### Current Information

Current Name (Last)	(First)	(MI)	Today's Date
Present School/Office	Current Position	Telephone (Area Code + No.)	

Employee Status (check one)

- Current Permanent Employee  
  Current Substitute Teacher  
  Current Temporary Employee  
  Former Employee

### New Legal Name Information

Employee ID

Social Security (Last 4 digits)

New Name (Last)

(Jr., Sr., III)

(First)

(M.I.)

Reason for Change (choose one)

- Marriage  
  Divorce  
  Official Court Order Change  
  Citizenship Status Change

To notify AACPS of a legal name change, employees must submit **this form** AND the **required following four (4) additional documents**:

- 1) a legible copy of your **SIGNED**, new social security card reflecting the new name **AND**
- 2) a **COPY of ONE (1)** of the following official documents reflecting evidence of official seal(s):
  - Marriage document
  - Divorce Decree (specifically stating your name change from old to new name)
  - Court order for a name change from old to new name
  - Certificate of Naturalization
- 3) Nepotism Form – complete form using your new name
- 4) Employee Data Form – complete form using your new name

The signed and dated Legal Name Change Form must be accompanied with the **four required documents**. You may submit the required copies of documents to a confidential fax at 443-458-0137 or via e-mail at ERFR@aacps.org. 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 or ERFR@aacps.org.

Required

Employee Signature

Date

Office Use Only

Employee Records File Room (ERFR):

Date

Initial

- HR Personnel System  
 HR Tracking  
 File Labels

- I-9  
 New    Previous   \_\_\_ Yes \_\_\_ No  
 Filed in OPF



# Acknowledgement of Nepotism Policy

Effective Date of Change

Name (Last)	(First)	(MI)	Employee ID#	Supervisor's Name (if applicable)
Position			<input type="checkbox"/> Employee <input type="checkbox"/> Board Member <input type="checkbox"/> Contractor	Location

Please be aware of Board of Education Policy GAF and Administrative Regulation GAF-RA regarding nepotism. To comply with this policy and regulation, you must complete the following:

- I **do not** have any of the family members defined in #2 or #3 below, or persons living in my household who are employed by Anne Arundel County Public Schools (AACPS)/Board of Education.  
*(If you select this box, proceed to Signature/Date section)*
- The following **immediate family members** (spouse, parent, child, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, grandparent-in-law, grandchild-in-law, uncle-in-law, niece-in-law, nephew-in-law, and all step relationships) are employed by AACPS/Board of Education:

Name	Relationship
Position Title	Position Location
Name	Relationship
Position Title	Position Location
Name	Relationship
Position Title	Position Location
Name	Relationship
Position Title	Position Location

- The following **non-relatives** live in my household and are employed by AACPS/Board of Education:

Name	Relationship
Position Title	Position Location
Name	Relationship
Position Title	Position Location

**I affirm that the information provided by me on this form is correct to the best of my knowledge. I understand that I am required to complete a new nepotism form should circumstances change and relationships as detailed above develop during my employment with AACPS/Board of Education. I will submit a new form within 30 days in accordance with Administrative Regulation GAF-RA.**

Signature

Date

<b>Internal Use Only</b>	Reviewed by: _____	<input type="checkbox"/> Contacted Employee/ Board Member	<input type="checkbox"/> Contract Lead	<input type="checkbox"/> Filed
	Date: _____ Initial: _____			



# Employee Data Form

Anne Arundel County Public Schools seeks the following information to comply with the mandatory federal and state reporting required by the Equal Employment Opportunity Commission and Maryland State Department of Education. The provided information will not be used to discriminate against you in any way.

Full Name (Legal Name) Last		First	MI	Suffix	SSN/Employee ID
Maiden Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Home Phone	Cell Phone		Personal E-mail		

Please answer both questions below to indicate your ethnicity and race.

**Ethnicity – Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.  Yes  No

**Race – please select the categories with which you most closely identify. Check as many as apply.**

- American Indian or Alaskan Native**  
A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American**  
A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**  
A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**  
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

### Veteran Status

- No Military Service
- Newly Separated Veteran
- Disabled Veteran
- Veteran of the Vietnam-ERA
- Special Disabled Veteran  
*(as defined by the U.S. Department of Labor)*
- Other Veteran
- Reserve/National Guard
  - Army Reserve
  - Navy Reserve
  - Marine Reserve
  - Air Force Reserve
  - Coast Guard Reserve
  - State National Guard

### Discharge Details

- Discharge Date: \_\_\_\_\_  
*(MM/DD/YY)*
- Rank:  Enlisted  Officer
- Discharge Type:  Honorable  
 General  
 Entry Level Separation (ELS)  
 Medical  
 Other than Honorable (OTH)  
 Bad Conduct (BCD)  
 Dishonorable

- Service Branch:  Army Reserve  
 Navy Reserve  
 Marine Reserve  
 Air Force Reserve  
 Coast Guard Reserve  
 State National Guard  
 Army  
 Navy  
 Marine  
 Air Force  
 Coast Guard