



Name Change Request Form

Check appropriate box below. Attach a *readable* photocopy of the required documents listed and mail or fax to the district HR office. Appropriate documentation must accompany request.

Reason for Change:

- ☐ Marriage
- ☐ Divorce
- ☐ Legal Name Change
- ☐ Correction to name

Document Required for Change To Be Made:

Marriage Certificate **and** Social Security card with new name
Divorce Decree **and** Social Security card with the new name
Court Order **and** Social Security card with the new name
Copy of Social Security card with the correct name

Previous Name: _____
Last First Middle Initial

New Name: _____
Last First Middle Initial

Phone #: _____

Address: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Employee Signature: _____

Please fax or mail completed form and documentation to:

Cicero School District #99
Human Resource Department
5110 W. 24th St
Cicero, IL 60804
FAX: (708) 652-2679

(FOR OFFICE USE ONLY)

Forwarded to:

_____ Payroll _____ Technology _____ Attendance clerk
_____ HR Clerk _____ HR Secretary _____ Insurance