

**DEDHAM PUBLIC SCHOOLS
OFFICE OF THE SUPERINTENDENT**

CHANGE OF NAME/ADDRESS FORM

(PLEASE PRINT)

TODAY'S DATE: _____



CHANGE OF NAME:

NEW NAME: _____

Please note: in order to change a name, please provide a new social security card to the payroll office (Mark Bisbee)

New Social Security Card received. Date received _____

FORMER NAME: _____



CHANGE OF ADDRESS:

NAME: _____

NEW ADDRESS: _____

NEW TELEPHONE NUMBER: _____



In addition, please fill out the following for BOTH change of name and / or change of address

SCHOOL: _____

POSITION: _____

EFFECTIVE DATE: _____

STAFF SIGNATURE: _____

ADMIN: Please sign and send to Human Resources

SCHOOL SECRETARY: _____

HUMAN RESOURCES: _____

- | | |
|---|---|
| <input type="checkbox"/> Payroll | <input type="checkbox"/> Technology Department |
| <input type="checkbox"/> Town Hall (Benefits) | <input type="checkbox"/> Curriculum & Instruction |
| <input type="checkbox"/> Dedham Town Retirement | |