



COLUMBUS
CITY SCHOOLS

COLUMBUS CITY SCHOOLS NAME CHANGE FORM

PLEASE PRINT ALL INFORMATION

EMPLOYEE ID # _____

FULL NAME _____
Last First MI

CHANGE NAME* TO: _____
Last First MI

***You must attach legal documentation (i.e., court decree, marriage license, etc.)**

EMPLOYEE SIGNATURE _____ DATE _____

Contact email or phone # if questions arise: _____

To ensure that your personnel records are current, please submit this form to the Human Resources Department at 270 E. State Street (CEC if using School Mail). Your changes will be reflected in the check following the pay period this form is received by Human Resources.