

# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## NAME CHANGE FORM

A copy of your signed social security card with your new name must be attached in order for your name change to be processed.

**NAME CURRENTLY ON FILE:**

**PERSONNEL #:**

**NEW NAME** (Print your name exactly as it appears on your social security card):

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_ (Use only if 2 lines are used on social security card)

**EMPLOYEE SIGNATURE:**

**DATE:**

Submit completed, signed form (with copy of social security card) to the Compensation & HRIS Department, 7720 W. Oakland Park Blvd., Suite 101A, Sunrise, FL 33351.