

HAUPPAUGE PUBLIC SCHOOLS

Personnel & Administration
495 Hoffman Lane
POB 6006
Hauppauge, New York 11788-2836

CHANGE OF PERSONNEL RECORDS

PLEASE NOTE: Name changes must be accompanied by written proof from the Social Security Office that you have requested a name change. Changes in Social Security records should be made at the nearest Social Security Office.

Name: _____ Building: _____

Social Security Number: XXX - XX - _____ (last 4 digits only)

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PROVIDE **ONLY** THE INFORMATION TO BE CHANGED. ALL CHANGES
WILL BE MADE TO YOUR RECORDS **EXACTLY** AS WRITTEN.

Name Change:

(Last Name) (First Name) (M.I.) (Former Name)

New Address: _____

New Telephone Number: _____ - _____ - _____ ☐ Cell ☐ Home

Effective Date of Above Change(s): _____

If you require changes for any of the following benefit programs, please check below and the related forms will be forwarded to you.

_____ MEDICAL INSURANCE
_____ CHANGE OF BENEFICIARY FOR EITHER THE NYS TEACHERS' OR
_____ EMPLOYEES' RETIREMENT SYSTEM
_____ DENTAL
_____ DISTRICT LIFE INSURANCE

(Signature) (Date)

RETURN SIGNED FORM TO PERSONNEL & ADMINISTRATION