



Roger León
Superintendent

Newark Board of Education

Dr. Yolanda Méndez, Assistant Superintendent
Human Resource Services

Where Passion Meets Progress

NAME/ADDRESS CHANGE FORM PLEASE PRINT CLEARLY

NOTE: All current employees have access to update their address only via the [Employee Self Service](#) portal on the District's web site. You will also need to update your information with the [Division of Pensions and Benefits](#). Once completed, please email this form to recordsverification@nps.k12.nj.us.

NAME CHANGE REQUEST:

Old Name: _____

New Name: _____

Reason for Change: _____

(A copy of your new social security card reflecting your new name is required with this form)

ADDRESS CHANGE REQUEST:

Old Address: _____
(Street Address (including apartment/floor number, if any))

(City, State and Zip Code)

New Address: _____
(Street Address (including apartment/floor number, if any))

(City, State and Zip Code)

Print Name: _____ Employee ID: _____

Primary Telephone Number: (_____) _____ - _____

Personal Email Address: _____

Signature: _____ Date: _____