

MERIDEN BOARD OF EDUCATION

Personnel Office
22 Liberty Street
Meriden, CT 06450

Employee Name: _____ School/Department: _____

Date: _____

Subject: Change of Name/Address/ Telephone Number

Please complete the following form due to your recent name/address/telephone number change and return it to the Personnel Office. No change can be made without this form. If you have any questions, please contact the Personnel Office, 203-630-4209.

**** Please note, a name change cannot be processed until proof of the change is verified. A copy of the social security card, with the changed name, must be provided.**

Please check the appropriate box(es) and complete the bottom portion and return the entire form to the Personnel Office.

****Name:** _____
From **To**

Address: _____
Street **City/State** **Zip Code**

Telephone Number: _____