



Change in Personal Information

Employee and Retiree Service Center (ERSC)

MONTGOMERY COUNTY PUBLIC SCHOOLS

45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS FOR EMPLOYEES/RETIREES: Please type or print. Use this form to change or correct your name, title, date of birth, address, and/or Social Security number (only after receipt of your new official Social Security card). Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). **You may fax the form to 301-279-3642/301-279-3651 or e-mail an electronically signed Adobe PDF file to ERSC@mcpsmd.org.**

NOTES

1. You must complete ALL sections in the first box.
2. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
3. **You must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes.** All W-4 changes are made online via Employee Self-Service (ESS). To access the online form, visit the [ESS web page](#) and click on **My W-4** under the green My Pay banner. Log in using your MCPS username and password and follow the on-screen instructions. After submitting your changes, you will receive an e-mail confirmation.
4. Employees and retirees should contact outside organizations (e.g., financial institutions, retirement savings account vendors) directly to request needed changes to name and/or address records.
5. Retirees must contact Aetna and the Maryland State Retirement Agency to request name and/or address change with those organizations.

Name _____ Social Security # _____
Last First Middle

Effective date of change ____/____/____

Employee ID # _____ Status: Active Retiree Position _____

- CORRECT DATE OF BIRTH TO:** ____/____/____ Attach copy of birth certificate or valid driver's license.
 ____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.
- CHANGE NAME TO** (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree):

Last, First, Middle

CHANGE ADDRESS/PHONE

From:

Street Apt. #

City State ZIP Code Phone #

To:

Street Apt. #

City State ZIP Code

Home Phone # Publish Home Information? Yes No

Maryland County _____

- CHANGE SOCIAL SECURITY NUMBER TO** (Type or print old number above.): _____
Attach Copy of Social Security Card

Signature

Date