



SCHOOL BOARD OF BREVARD COUNTY

NAME CHANGE *or* ADDRESS CHANGE

PLEASE PRINT ALL INFORMATION IN BLUE INK

EMPLOYEE NAME _____ EMPLOYEE ID _____

JOB TITLE _____ SCHOOL/DEPT. _____

NAME CHANGE

**Attach signed copy of new Social Security card. Duplicate card can be obtained from local social Security Office.*

***NEW SOCIAL SECURITY NAME** _____

ADDRESS CHANGE

OLD ADDRESS _____

NEW ADDRESS _____

EFFECTIVE DATE _____

SIGNATURE

DATE

Send to: Employment Specialist in HR who works with your school/dept **or** Human Resources Services
2700 Judge Fran Jamieson Way
Viera, FL 32940