

# ELMWOOD PARK PUBLIC SCHOOLS

## OFFICE OF HUMAN RESOURCES

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### NAME/ADDRESS CHANGE FORM PLEASE PRINT CLEARLY

**NOTE:** All current employees must update Realtime. You will also need to update your information with the Division of Pensions and Benefits. Once completed, please email this form to [cproto@epps.org](mailto:cproto@epps.org) and also copy Mike Morin at [morinm@epps.org](mailto:morinm@epps.org)

#### 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))

Print Name: \_\_\_\_\_

Primary Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_