

MIAMI-DADE COUNTY PUBLIC SCHOOLS



Personnel Operations and Network Services
1500 Biscayne Blvd., Suite 115 • Miami, Fl. 33132

**NAME CHANGE/DATE OF BIRTH CORRECTION/
SOCIAL SECURITY CORRECTION**

Original signature required - Please DO NOT Fax

Complete and Send to:

**Miami-Dade County Public Schools
Personnel Operations and Network Services
1500 Biscayne Blvd., Suite 115
Miami, Fl. 33132**

or **Personnel Operations and Network Services
Mail Code 9319**

<i>Employee Number</i>	<i>Social Security Number</i>
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Name change (please print)

(Note: Please attach copies of social security card WITH NEW LAST NAME and pictured identification, i.e., driver's license)

Last Name: _____

First Name: _____ Middle Name: _____

Former Name: _____

Date of Birth Correction (please print)

(Note: Please attach a copy of birth certificate)

Incorrect date of birth (*from*): _____

Correct date of birth (*to*): _____

Social Security Correction (please print)

(Note: Please attach a copy of social security card)

Incorrect social security number (*from*): _____

Correct social security number (*to*): _____

Signature: _____ **Date:** _____

I understand that falsification of information on this form shall constitute grounds for dismissal. By signing this form, I certify that the information provided herein is true.

COPY FOR PERSONNEL FILE

<u>FOR OFFICE USE ONLY</u>
Completed: ____ / ____ / ____
By: _____