

## Request for Name and/or Address Change

Please type the necessary information below. Print the form and fax it to (757) 628-3983.

# **Name Change Requests Previous Information** Name: \_\_\_\_\_ Position: \_\_\_\_\_ NPS Work Location: \_\_\_\_ Employee ID: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_\_ **New Information** Effective Date of Change: \_\_\_\_\_\_

### Address and/or Other Contact Information Change Requests

Please provide updated information below.

#### **Current Employees**

Current employees are required to use Employee Self-Service to edit contact information. Please visit https://norfolkpublicschoolsva.munisselfservice.com/ess/login.aspx . If you experience difficulty logging in to the system, please contact Help Desk at helpdesk@nps.k12.va.us.

### **Former Employees**

Signature

Employee ID:Street Address:	
City:	
Zip Code:	
Effective Date of Change:	
Please sign below to verify your request for any change. Please be reminded that name changes require formal documentation to be submitted. Acceptable documentation includes: marriage license, updated social security card, divorce decree, or other court document authorizing a name change.	

Date