



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/RETIRES: Please type or print. Use MCPS Form 445-1: *Change in Personal Information*, to change your name, title, address, and/or social security number (only after receipt of your new official social security card). Complete this form, sign and return to the Employee and Retiree Service Center (ERSC). **You may fax form to 301-279-3642/301-279-3651 or e-mail an electronically signed Adobe PDF file to ERSC@mcpsmd.org.** Website: www.montgomeryschoolsmd.org/departments/ersc.

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. **MCPS Form W-4-MW-507: Employee's Withholding Allowance Certificate must be completed if you change marital status and/or number of exemptions for income tax withholding purposes.** Obtain MCPS Form W-4-MW-507 from the ERSC website or your work location. Please forward MCPS Form W-4-MW-504 to ERSC.
4. This form does not change the name and address record of the Maryland State Retirement Agency, MCEA, SEIU Local 500, MCAAP, Montgomery County Teachers Federal Credit Union, retirement savings, etc. Retirees will need to contact Aetna and the Maryland State Retirement Agency for address changes.

Name _____ Social Security # _____
Last First Middle

Effective date of change ____/____/____

Employee ID # _____ Status: Active Retiree Position _____

____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr.

CHANGE NAME TO (Show 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 (Show old number above.): _____
Attach Copy of Social Security Card

Signature

Date