



# Change in Personal Information

Employee and Retiree Service Center  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20855

**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). Please forward to the Employee and Retiree Service Center (ERSC), 7361 Calhoun Pl., Suite 190, Rockville, MD 20855. Web site: [www.montgomeryschoolsmd.org/departments/ersc](http://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 Web site or your work location. Please forward MCPS Form W4-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, MCAASP, 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:**

\_\_\_\_\_ Apt. # \_\_\_\_\_  
Street

\_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone \_\_\_\_\_  
City

**To:**

\_\_\_\_\_ Apt. # \_\_\_\_\_  
Street

\_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
City

\_\_\_\_\_ 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