



MARY JANE BURKE  
 MARIN COUNTY SUPERINTENDENT OF SCHOOLS  
 1111 LAS GALLINAS AVENUE/P.O.BOX 4925  
 SAN RAFAEL, CA 94913

**CHANGE OF NAME/CHANGE OF ADDRESS**

This is to certify that my name as it appears on the Marin County Office of Education records, or as it appears on the valid credential which I now hold issued by the California Commission on Teacher Credentialing, is

\_\_\_\_\_ and on \_\_\_\_\_ it was changed by  
 (date)

\_\_\_\_\_  
 (marriage, court action, etc.)

I hereby request that my name appear on your records as verified by the attached copy of my social security card\*

\_\_\_\_\_  
 (Name – Please Print)

Please change my address/phone number to:

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Phone Numbers: Home Cell

\_\_\_\_\_  
 (Name – Please Print)

\_\_\_\_\_  
 (Employee Signature)

\_\_\_\_\_  
 Date

Please restrict my address/telephone # from appearing in the Internal Employee Directory.

Distribution:	Date:
Personnel File	
Business Office	
✓ Payroll	
✓ Benefits	
✓ Accounts Payable (2)	
Phone Directory	
Department	
QSS Entry	

Social security verification of name change is required for payroll, state & federal tax law, and STRS/PERS retirement.