

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

Employee Number Social Security Number

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

FOR OFFICE USE ONLY
Completed: ___ / ___ / ___
By: _____