

**Trenton Board of Education  
Human Resources Department**

**EMPLOYEE INFORMATION CHANGE FORM**

Check the appropriate box:  Name Change  Address Change  Phone # Change

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

If name change, Former Name: \_\_\_\_\_

***NOTE: Change of name requires original marriage license/or legal documentation***

- Yes, I would like to update my district email.
- No, I would like to keep my current district email.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***NOTE: Change of address requires verification of new residence such as, driver's license, utility bill, lease, or mortgage deed***

Mailing Address (if different from street address):

\_\_\_\_\_  
\_\_\_\_\_

***NOTE: PO Box cannot replace the physical street address***

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Please submit form to:**  
Human Resources Department  
108 N. Clinton Avenue, Trenton, NJ 08609

cc: Purchasing Department  
Technology Department  
Personnel File  
Benefits File