



Name/Address Change Request Form

This form will be submitted to APS Employee Records, Employee Benefits, and HR Ops Departments.

Form with fields: Last Name, First Name, Middle Initial, Mailing Address, City, State, Zip Code, Phone Number, Social Security Number, Employee Number, Location Name and Number, Position and Title

Type of Change:

\*Email changes can only reflect current legal name

Name Address Phone Email Former Name: \_\_\_\_\_

IMPORTANT: All employees making a name change:

The Social Security Administration has directed that payroll records not be changed until an employee presents a Social Security Card showing the new legal name. Therefore, the Albuquerque Public Schools Human Resources Department requires that you present your new Social Security Card in order to change your name.

To change the name on your social security record, you will need to go to the Social Security Administration office and provide them with your old Social Security Card, your Driver's License, and an official document showing the name change (marriage certificate, divorce decree, etc.).

Employees making a name change should contact the:

- State Office of Certification at: (505) 827-1436
Social Security Administration Office at: (505) 346-6694
New Mexico Educational Retirement Board at: (505) 888-1560 or (505) 827-8030
New Mexico Retiree Health Care Authority (Return to Work Retirees only) at: (800) 233-2576
APS Employee Data Center at: (505) 880-4844

I have provided APS with the following: Driver's License Social Security Card Other \_\_\_\_\_

EMPLOYEE AUTHORIZATION:

I certify that the above information is correct to the best of my knowledge and belief.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement containing any materially false information, or conceals, for the purpose of misleading, information any fact material thereto, commits a fraudulent insurance act which is a crime. Disciplinary action could be taken.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: If the effective date of this change is different from today's date, please specify the date desired.

For internal Use Only: (Please initial upon obtaining new documents)

Table with 5 columns: HR Dept., Records Dept., Benefits Dept., HR Ops, Service Request #