



BALTIMORE COUNTY PUBLIC SCHOOLS ELECTRONIC MAIL CHANGE FORM

CHANGE INFORMATION (PLEASE PRINT)

Name (Last, First, M.I.)	Last 4 Digits of SSN
Position	Office/School Phone
Office/School	Extension

PLEASE CHECK BOX AND PROVIDE REQUIRED INFORMATION.

Legal Name Change
Former:
New:

Employment Status
Former:
New:

Work Location Change
Former:
New:

Position Change:
Former:
New:

Signature of Applicant

Date : _____

Authorized by Office Head/Principal

DATE: _____

**FILING INSTRUCTIONS FOR BCPS PERSONNEL: SEND THE SIGNED FORM TO
POSTMASTER, DEPARTMENT OF INFORMATION TECHNOLOGY, 600 STEMMERS RUN ROAD, ESSEX, MD 21221.**