



Quincy Public Schools

Office of Human Resource
34 Coddington St., Quincy MA 02169

Telephone: (617) 745-7100

Name Change Request Form

Please complete all areas of this form (type or print). Submit this form together with a copy of an official name change document as evidence (see options noted below), so that we may process your request in a timely manner.

- Please enclose/include valid evidence of name change (e.g. copy of Marriage License and/or Divorce Decree, Social Security Card, or Driver's License).
 - Requests to change a name to a hyphenated name, for example: Connolly-Jones, must include valid evidence of this change (e.g. Social Security Card with hyphenated name as your valid evidence)
 - Requests to change middle and last name, for example using your maiden name as your middle name, must include valid evidence of this change (e.g. middle name on Social Security Card is your maiden/prior last name).

Current Last Name	Previous Last Name	First Name	MI
-------------------	--------------------	------------	----

Street Address and Apartment Number (if any)

City	State	Zip Code
------	-------	----------

Email Address

Date of Birth (Month/Day/Year)	MEPID# or MA Educator License #
--------------------------------	---------------------------------

Current School: _____

Please print out this form and sign below.

Signature (Current Name)	Date
--------------------------	------

➤ The signed and dated *Request for a Name Change* form and supporting documentation must be brought to:

**Quincy Public Schools
Office of Human Resource
34 Coddington Street
Quincy, MA 02169**