

Change of Name/Change of Address Form/Change in Tech Acct.

SEND TO: Personnel Department
9 Widger Road, Marblehead, MA 01945
FAX 781-639-3149

FROM: _____ (Employee Name)
Please Print

Fill out any corrections or changes you would like below. If there is no change in a particular field, leave the field blank.

RE: Change of Name and/or Address

For Name Change you must attach legal documentation of your name change to this form

FORMER NAME: _____
Please Print Last First MI

NEW NAME: _____
Please Print Last First MI

OLD ADDRESS: _____

NEW ADDRESS: _____
Please Print Street
City or Town State Zip

NEW HOME/CELL PHONE H: _____ C: _____
Area Code Number Area Code Number

Employee Signature

Effective Date of Change

Tech Account Changes:

Existing Account information:

Name _____ Building _____ Username _____

The username for your email log in and network accounts are in sync. In most cases, the naming convention for your login username is first initial lastname (e.g. jsmith).

Requested Changes on Existing Account:

Name _____ Building _____ Username _____
Email Address: lastname.firstname@marbleheadschoools.org

I hereby give the Technology Department permission to make the changes to my account that I have specified above. I have read the Marblehead Public Schools Acceptable Usage Policies and agree to abide by the rules and regulations contained in the entire document.

Signature _____ Date _____