

**Columbia Public Schools**  
**Name Change Form**

CPS ID #: \_ \_ \_ \_ \_

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Building: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please attach a copy of your new social security card\*\***  
**\*\* Return to the Payroll Office\*\***

For Business Services Use Only	
_____	Copy to HR
_____	Copy to IITS
_____	Business Services Routing Copy
___	Business Plus
___	Employee Benefits

Business Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

AD \_\_\_\_\_ H: \_\_\_\_\_ O \_\_\_\_\_ PC \_\_\_\_\_ JSS \_\_\_\_\_ SH \_\_\_\_\_ ESC \_\_\_\_\_  
Staff Security