



PERSONAL DATA CHANGE FORM

PLEASE PRINT ALL INFORMATION

EMPLOYEE ID # _____

FORMER NAME: _____
Last First MI

CHANGE NAME* TO: _____
Last First MI

***You must attach legal documentation
(court decree, marriage license, etc.)**

EMPLOYEE SIGNATURE _____

Date _____ Phone _____

Email _____

**To ensure that your PERSONNEL/PAYROLL records are current,
please submit this form and supporting documentation to
verifications@columbus.k12.oh.us.
Changes will be reflected within 4 weeks of receipt. For questions
about email address changes, please contact Chris Francia at
cfrancia@columbus.k12.oh.us.**