

# Employee Social Security Name or Number Correction Request

District #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

SDCOE use only		
_____ Last,	_____ First,	_____ Middle
Social Security Number _____		
<input type="checkbox"/> Certificated	<input type="checkbox"/> PERS Mem	<input type="checkbox"/> PERS N/M

To enable this office to change an employee Social Security name or number, a “signed and legible” copy of the Social Security card is required.

**SS Name Correction Request:**

**New Name:** \_\_\_\_\_  
Last, First, Middle

**Former Name:** \_\_\_\_\_  
Last, First, Middle

**SS Number: New #:** \_\_\_\_\_ **Old incorrect #:** \_\_\_\_\_

SS CARD  
HERE

California  
ID  
(not required)