



Township of Union Public Schools

PERSONNEL CHANGE OF INFORMATION FORM

Name: _____

I am completing this form to update my (check all that apply):

- Name** - A copy of your social security card or a letter from the Social Security Administration must be submitted (in-person) to the Board of Education Office to verify your name change.*
- Address**
- Phone Number**

Current Information	
Name:	
Address:	
Phone number:	

Former Information	
Name:	
Address:	
Phone number:	

Email completed form to Vincent Rettino, Director of Personnel - vrettino@twpunionschools.org.

*If you are completing this form to change your name, please make an appointment with Mr. Rettino to provide your social security card or a letter from the Social Security Administration, to verify your name change.