# FRANKLIN LAKES PUBLIC SCHOOLS

**490 Pulis Avenue, Franklin Lakes, New Jersey 07417**

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**www.franklinlakes.k12.nj.us**

**Gayle Strauss, Ph.D.**
*Interim Superintendent of Schools*

**Michael J. Solokas**
*Board Secretary and*
*Business Administrator*


## CHANGE of ADDRESS/NAME FORM

Employee: _____ _____ _____
First Name MI Last Name

Today's Date: _____ Social Security#: _____

Position: _____ Location: _____

TYPE OF CHANGE ACTIVITY
(Please check all applicable boxes)

☐ Name Change: _____
(New Name)

☐ New Address: _____
(Address)

_____
(City, State, Zip Code)

EMPLOYEE SIGNATURE: _____

***PLEASE PRINT AND PROVIDE SUPPORTING DOCUMENTATION.**