



Baltimore County Public Schools Electronic Mail Change Form

Change Information (Please Print)

Name (Last, First, M.I.)	Last 4 Digits of SSN
Position	Office/School Phone
Office/School	Extension

Please check box and provide required information.

- Legal Name Change**
Former:
New:

- Employment Status**
Former:
New:

- Work Location Change**
Former:
New:

- Position Change:**
Former:
New:

Signature of Applicant	Date	Authorized by Office Head/Principal

Filing Instructions for BCPS Personnel
Send the signed form to:
Postmaster, Department of Technology, Timonium Office