Name Change Form

Name changes must be accompanied by **one from each section:**

**One certified document required:**
- A Certified Divorce Decree
- A Certified Marriage Certificate
- A Court-issued Order of Name Change.

**One official ID required:**
- Copy of your updated Driver’s License
- Copy of your updated State Identification
- Copy of your updated Social Security Card (please darken or cover the first 5 digits of the social security number prior to submitting)

You may submit your documentation via fax at 773-553-1113 or scan, employeerecords@cps.edu
Name Change Form

Employee ID:  

Former Name:

Check One:  □ Ms. □ Mrs. □ Mr. □ Dr.

Last Name:  First Name:  MI: 

New Name:

Check One:  □ Ms. □ Mrs. □ Mr. □ Dr.  Circle One: Married, Divorced, Single, Widowed

Last Name:  First Name:  MI: 

Check which document you are submitting:

□ A Certified Divorce Decree

□ A Certified Marriage Certificate

□ A Court-issued Order of Name Change.

Check which form of ID you are submitting:

□ Copy of your updated Driver’s License

□ Copy of your updated State Identification

□ Copy of your updated Social Security Card (please darken or cover the first 5 digits of the social security number prior to submitting)

Signature:  _______________________________  Date:  _______________________________

Office Use

Document Verified:  _____  Date:  _______________________________  By:  _______________________________

Please submit the form and documentation together to:

Employee Records
2651 W Washington Blvd,
Chicago, IL 60612 GSR # 034
Email: employeerecords@cps.edu
Fax: 773.553.1113
Phone: 773.553.HR4U