SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE
NAME CHANGE REQUEST FORM

IF YOU ARE NOT CURRENTLY AN EMPLOYEE IN ANY SUFFOLK COUNTY PUBLIC AGENCY (e.g. County departments, towns, villages, schools, libraries, fire districts, or any other special districts):

RETURN FORM TO: Suffolk County Department of Civil Service
North County Complex, Bldg 158
P.O. Box 6100
Hauppauge, NY 11788

**********IMPORTANT NOTE**********

IF YOU ARE A CURRENT EMPLOYEE OF ANY PUBLIC AGENCY IN SUFFOLK COUNTY (E.G. COUNTY DEPARTMENTS, TOWNS, VILLAGES, SCHOOLS, LIBRARIES, FIRE DISTRICTS, OR ANY OTHER SPECIAL DISTRICTS), SUBMIT THIS FORM TO YOUR EMPLOYER. We cannot update our records based on this form. The name change must be reported to us by your employer. Your employer may require documentation as their records must reflect your legal name as it would be reported to the I.R.S. If you are employed by more than one agency, they must all be notified of the name change.

Please change my name in your records as indicated below (Please Print):

FROM: CURRENT NAME _____

TO: NEW NAME _____

SOCIAL SECURITY NUMBER: _____

_____
SIGNATURE

_____
DATE