



# 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:

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Signature of Applicant

Date

Authorized by Office Head/Principal

**FILING INSTRUCTIONS FOR BCPS PERSONNEL**

[RETURN] SEND THE SIGNED FORM [VIA INTEROFFICE MAIL] TO:

**POSTMASTER, DEPARTMENT OF TECHNOLOGY, TIMONIUM OFFICE[SUPPORT SERVICES]**

[A CENTRAL DEPOSITORY OF GRANTED ELECTRONIC MAIL ACCOUNTS IS MAINTAINED BY THE DEPARTMENT OF TECHNOLOGY]