



DISTRICT SCHOOL BOARD OF PASCO COUNTY
NAME CHANGE REQUEST

MIS Form #300
Rev. 08/22

Please email the completed form along with a copy of your signed Social Security Card reflecting the name change to HR@pasco.k12.fl.us

Employee ID #

Work Location

Telephone #

☐ Check if you are a substitute

Former Name

Last Name

First Name

Middle Name

Suffix

New Name (The name listed must match the name on your Social Security Card.)

Last Name

First Name

Middle Name

Suffix

HUMAN RESOURCES USE ONLY

Signed Social Security Card _____

Updated Employee Master* _____

*Must update both new name and prior name fields in Munis

DISTRIBUTION: Human Resources and Educator Quality

If you would like your email address to reflect your new name, you must submit a Tech Help Ticket.