



CALALLEN INDEPENDENT SCHOOL DISTRICT

Human Resource Department

NAME CHANGE REQUEST FORM

CURRENT NAME: _____

NEW NAME: _____

SSN: _____

CAMPUS: _____

EFFECTIVE DATE: _____

NOTE: All name change requests must be accompanied by a copy of the employee social security card and Texas Driver's License bearing the name requested.

REMINDER TO EMPLOYEE:

It is your responsibility to notify the following agencies of your name change:

- Teacher Retirement System of Texas
- State Board for Educator Certification (must update Certification with name listed on your social security card and send HR your update Texas Educator Certification)

Employee Signature

Date

Please return this form with copies of your social security card, Texas Driver's License, and your updated Teacher Certification to the Human Resource Department via school mail or in person.