

EVERMAN INDEPENDENT SCHOOL DISTRICT  
NAME / ADDRESS CHANGE FORM

**Employee ID Number:** \_\_\_\_\_

For an employee to change his/her name the following document must be submitted with the change form to the EISD Human Resources department.

- An original social security card showing the employee's new name.

Providing this original document to HR in person will help protect employees from identify theft and will ensure that earnings are reported correctly to the Social Security Administration.

Current Name (on file with HR): \_\_\_\_\_

**New Name:** \_\_\_\_\_  
(As it appears on your social security card)

I request that my name be changed on all official EISD records to match my social security card.

\_\_\_\_\_  
Employee Signature Date

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**Employee ID Number:** \_\_\_\_\_

**New Street Address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

**New Home Number:** \_\_\_\_\_  
(Area Code)

**New Cell Phone Number:** \_\_\_\_\_  
(Area Code)

\_\_\_\_\_  
Employee Signature Date