



La Porte Independent School District

Change of Personnel Information Request

Current Name

Employee ID #

Please make the following change/s in my personnel information:

Name Change TO:

(Note: MUST provide copy of new Social Security card before change can be made)

Mailing Address Change TO:

Street Address/Apt. #

City

State

Zip Code

Phone Number Change TO:

Signature

Date

This Form Must Be Signed and Dated to be Valid