

# NAME CHANGE FORM

## DUNCANVILLE INDEPENDENT SCHOOL DISTRICT PAYROLL DEPARTMENT

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Campus/Department

paid - Monthly

paid - Bi-weekly

paid – Substitute

PRESENTLY ON FILE	CHANGE TO
*(Former name) <b>First Name:</b>  	*Please bring social security card with new name. <b>First Name:</b>  
<b>Middle Name:</b>  	<b>Middle Name:</b>  
<b>Last Name:</b>  	<b>Last Name:</b>  

I **wish** to release the above information under the Public Information Act.

I **do not** wish to release the above information under the Public Information Act.

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

- |                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Entered _____<br><input type="checkbox"/> I-9 (for name change)<br><input type="checkbox"/> Copy to Personnel<br><input type="checkbox"/> Copy to Benefits |
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