

**2024-2025**  
**PEIMS Change ID Authorization Form**

I, \_\_\_\_\_ request that the following information be changed in the B.I.S.D. Student Management System.

**Student Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Local ID:** \_\_\_\_\_

<b>Delete Student ID</b>	Student record was added When a record for the student already existed in the SMS or No-Show from attendance office.
Valid Student ID = _____	
Invalid Student ID = _____ (To be deleted)	

<b>Change Student ID/SSN</b>	Student has had a Social Security number issued to replace a State ID number or the Social Security number is in error
Old State Number/SSN = _____	
New State Number/SSN = _____	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting Campus

\_\_\_\_\_  
Authorizing Signature  
(Principal or PEIMS Supervisor)

<b>For PEIMS Office Use Only</b>
_____ Date
_____ <b>PEIMS Coordinator</b>

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.