

JARRELL ISD CHANGE OF LEGAL NAME FORM

Active Employees Only

**MUST SUBMIT THIS FORM AND A COPY OF SOCIAL SECURITY CARD WITH NEW NAME TO
PROCESS THIS CHANGE**

Employee Previous Name: _____

Employee New Name: _____

Social Security No: _____

Address: _____

**By submitting this form you authorize Jarrell ISD Human Resources department to change
your legal name to the following:**

Personnel File (Ascender and Frontline)

Benefits Information (BSwift)

Email Address (JISD Technology)

**I understand as an employee I am required to update my name with TEA (if applicable)
within 30 days of submission of this form.**

Employee Signature: _____ Date: _____

HR Representative: _____ Date: _____

Jarrell ISD Human Resources Department