



## CHANGE OF NAME NOTICE

Date: \_\_\_\_\_

Former Name of Staff Member: \_\_\_\_\_

School/Building Assignment: \_\_\_\_\_

NAME REGISTERED WITH SOCIAL SECURITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Last four of SS# / Employee ID

\_\_\_\_\_

Home Number

Gender Status                  
                          F            M

Marital Status                

                          M            S

\_\_\_\_\_

Other Number



## **INSTRUCTIONS FOR MAKING A NAME CHANGE**

*(Revised April 2026)*

To change your official name with Cypress-Fairbanks Independent School District, the required items listed below must be submitted to District Payroll Department in person or by email to [payroll@cfisd.net](mailto:payroll@cfisd.net).

- **Change of Name Notice** – include new mailing address, if applicable
- **Social Security Card** – must be updated with new name; receipt issued by SSA is not acceptable
- **Valid Driver License or Passport** – temporary permit letter issued by DMV is acceptable
- **Certified Court Document** – i.e. marriage certificate/divorce decree/naturalization certificate; provide document in its entirety if double-sided or multiple pages

**In compliance with TRS, the employee's full name will be entered into the system exactly as it appears on the social security card.**

If you are a teacher or paraprofessional, you have the option of changing your name on your Texas educator certificate, contact TEA for more information at 512-936-8400.

If you need to update your beneficiary on record with Teacher Retirement System of Texas, contact TRS directly for more information at 800-223-8778.

Once the name change request is completed, a notification will be sent to your district email address with further information on how to obtain a new employee identification badge. Any badge requests made prior to completing the name change will receive a badge printed with employee's former name.

If you have questions regarding the name change process, please contact District Payroll Department at 281-897-4010 or [payroll@cfisd.net](mailto:payroll@cfisd.net). Thank you.

## EMPLOYEE BENEFITS

TO: CFISD EMPLOYEES  
FROM: INSURANCE DEPARTMENT  
SUBJECT: NAME CHANGE FOR BENEFITS

You only have 30 days from the date of your marriage or other "Qualifying Event" to make changes to your benefit plans.

You can add any newly acquired dependents, terminate your own coverage, or that of your dependents by submitting the required forms and documentation to the Insurance Department located at the MHAB. The forms and instructions are on the Insurance Department's web page on the "Mid-Year Plan Changes" link.

To change the beneficiary on your \$30,000 Basic Life and Accident Death & Dismemberment policy and any Optional life insurance, you will need to log into the **Benefit Solver** online enrollment system and follow the instructions for naming or changing your beneficiary.

If you have any questions about your options or the forms required, please call the Insurance Department at: Last Name A-K: (281) 897-4138

Last Name L-Z: (281) 897-4747