



Name Change Request Form

Name changes must be accompanied by a new Social Security card. Please complete the required information and email this form with the appropriate documentation to the Human Resources Office.

Current Information:

Full Name: _____

SSN: _____

Phone Number: _____

District Email: _____@ems-isd.net

New Information:

Full Name: _____

Reason for change: _____

Employee Signature

Date

Campus

Position