Robstown Independent School District
*Change of Information Request

Requirements for processing a name or address change:

- Name Change – must attach a copy of your Social Security Card showing new name.
- **MUST HAVE A SIGNATURE TO BE PROCESSED.**
- Please give this completed-signed form to your Campus Secretary. The Campus Secretary will forward the request to the Office of Human Resources.

Campus: _____ SS#: _____ - _____ - _____

Current Name: _____
Last Name First Name Middle Name

Current Address: _____

City, State, and Zip: _____

Current Phone Number: (_____) _____

SPECIAL NOTE: Personnel File and Payroll Records will reflect *new* change as submitted below:

***New* Name: _____**
Last Name First Name Middle Name

***New* Address: _____**

City, State, Zip: _____

***New* Phone Number: (_____) _____**

Change of Emergency Contact: _____ Relation: _____

Address:_____ Phone Number: (_____) _____

REMINDER TO EMPLOYEE:
It is your responsibility to notify the following agencies of your name change and change of address:

- Supplemental Insurance Providers
- State Board for Educator Certification

Signature: _____ Date: _____/_____/_____

This information will remain as requested for the entire length of employment unless the employee submits an official Change of Information Request.

FOR OFFICE OF HUMAN RESOURCES ONLY:

☐ Demographics Entered ☐ Copy of Change form to Payroll/Benefits ☐ Copy of Name Change to Technology Dept

Signature: _____ Date: _____/_____/_____

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