

PERSONNEL INFORMATION CHANGE FORM

To make a change to your district personnel record please mark the box that corresponds to your request, complete this form, and attach the required documentation.

Address and/or Telephone Number Change

- Provide the requested change information below

Name Change

- Provide the requested change information below
- Attach a copy of new Social Security Card with name change
- Attach copy of valid Texas Driver's License with name change
- Attach W-4 (current year)

Name (as shown on **current** district records): _____

Campus: _____ Last 4 digits of SSN: _____

Requested *Name Change*: _____

Requested *Address Change*: _____

Requested *Telephone Number Change*: _____

Additional Notes/Comments: _____

By signing this form, I authorize the Buffalo ISD Office of Human Resource Services to make the appropriate changes or corrections to my electronic files within the District, to insurance providers, and SBEC.

Signature

Date