

Human Capital Management
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NAME CHANGE REQUEST FORM

Copy of Social Security card in requested name must accompany the completed form.

DATE: _____

CURRENT NAME: _____

SSN: _____ / _____ / _____ or MUNIS ID# _____

NEW NAME: _____

EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

DISTRICT EMAIL ADDRESS: _____@fwisd.org

DAYTIME PHONE NUMBER: _____

Completed form and SS card copy may be delivered in person to the HCM Receptionist or sent to HCM/Employee Records through school or U.S. mail.

Please do not return forms by fax or email.

You will be notified via District email when your name change has been accepted.

Thank you.

HCM only – Name
changed on file/Smeadlink

Initials/date

4/1/11