



CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF HUMAN RESOURCES

NAME CHANGE REQUEST

Name: _____ SSN: _____

Campus/Dept: _____ Assignment: _____

Please provide a copy of your social security card with your new name. Name change request will only be processed if new social security card is provided.

Current Name on File	New Name
Previous Name: _____	New Name: _____

Signature: _____ Date: _____