

# PERSONNEL INFORMATION CHANGE FORM

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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)

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Name (as shown on **current** district records): \_\_\_\_\_

Campus: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

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Requested *Name Change*: \_\_\_\_\_

Requested *Address Change*: \_\_\_\_\_

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Requested *Telephone Number Change*: \_\_\_\_\_

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Additional Notes/Comments: \_\_\_\_\_

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***By signing this form, I authorize the Plainview 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