

Aesop _____
Benefits _____
Business Office _____
Skyward _____
TalentEd _____

TISD CHANGE OF PERSONAL DATA FORM

Name Change Address Change

Phone Number Change Stop Deduction

NAME _____

NEW NAME _____

EMPLOYEE ID# _____ CAMPUS/LOCATION _____

NEW ADDRESS _____

CITY/STATE/ZIP _____

NEW PHONE NUMBER (home) _____ (cell) _____

EFFECTIVE DATE _____ EMAIL _____

EMPLOYEE, PLEASE NOTE:

- ALL name change requests must be accompanied by a copy of the **new Social Security card**.
- NAME CANNOT BE CHANGED IN PAYROLL UNTIL A COPY OF THE NEW SOCIAL SECURITY CARD WITH THE NAME CHANGE IS PROVIDED.
- Submitting this change form will also change your personal data with Teacher Retirement System of Texas.