

**LAKE DALLAS ISD
EMPLOYEE NAME CHANGE FORM
FOR EMPLOYEE ACCESS**

Date of Request: _____ Social Security No. _____

Current Name: _____
First Middle Last

What is your new name? _____
First Middle Last

EMPLOYEE MUST ATTACH A COPY OF THEIR SIGNED SOCIAL SECURITY CARD IN ORDER TO CHANGE THEIR NAME. THE LETTER FROM THE SOCIAL SECURITY OFFICE WILL NOT BE ACCEPTED.

This form must be submitted to Human Resources with your signature and a copy of your signed social security card in order for your information to be updated in Employee Access, SmartFind Express (SFE) and the Benefits Hub.

Employee Signature

Date

For Office Use Only

Skyward _____

Technology E-mailed _____