



Zapata County Independent School District

Name/Address/Telephone Change Form

DATE _____

NAME _____

EID _____

CAMPUS/DEPARTMENT _____

SOCIAL SECURITY NUMBER _____



NAME CHANGE

I WOULD LIKE A NAME CHANGE ON MY DEMOGRAPHICS:

NAME CHANGE – FROM _____

TO _____

(Please provide Social Security Card that reflects name change)



ADDRESS CHANGE

FROM: _____

TO: _____

TELEPHONE # _____



TELEPHONE NUMBER CHANGE

FROM: _____ TO: _____

EMPLOYEE SIGNATURE

DATE

FOR OFFICE USE ONLY:

_____ ITCCS

_____ email form to technology (if name changed)

_____ Substitute List (if applicable)

_____ Time Clock

_____ AESOP

_____ EMAIL THIS FORM TO PAYROLL