

JARRELL ISD CHANGE OF LEGAL NAME FORM

Active Employees Only

**MUST SUBMIT THIS FORM AND A COPY OF SOCIAL SECURITY CARD WITH NEW NAME TO
PROCESS THIS CHANGE**

Employee Previous Name: _____

Employee New Name: _____

Social Security No: _____

Address: _____

**By submitting this form you authorize Jarrell ISD Human Resources department to change
your legal name to the following:**

**Personnel Chart (Ascender and Frontline)
Benefits Information**

Employee Signature: _____ Date: _____

HR Representative: _____ Date: _____

Jarrell ISD Human Resources Department