



# EAGLE MOUNTAIN SAGINAW ISD

*Fostering a Culture of Excellence*

## Name Change Request Form

Name changes must be accompanied by a new Social Security card. Please complete the required information and email this form with the appropriate documentation to the Human Resources Office.

### **Current Information:**

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

District Email: \_\_\_\_\_@ems-isd.net

### **New Information:**

Full Name: \_\_\_\_\_

Reason for change: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Position

|                 |
|-----------------|
| For HR Use Only |
| I-9/SS Card     |
| Skyward         |
| Eduphoria       |
| AESOP           |