

- Requires at least TWO VALID and ORIGINAL forms of Identification (see choices below)
- Both forms of the required identification must show the NEW name
- At least ONE form of required identification must be a photo ID

Reason for Change:	
<input type="checkbox"/>	Name Change
<input type="checkbox"/>	SSN was incorrect/changed
<input type="checkbox"/>	DOB was incorrect

Have you ever been employed by TXST? YES NO Month \_\_\_\_\_ YEAR \_\_\_\_\_

Student ID Number		<i>New Social Security Number</i>		Previous Social Security Number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<i>New Last Name</i>		<i>New First Name</i>		<i>New Middle Name</i>
Previous Last Name		Previous First Name		Previous Middle Name	
Home Phone Number		Cell Phone Number		Email Address	
Incorrect Date of Birth	<i>Correct Date of Birth</i>		Signature: _____ Date: _____		

FOR OFFICE USE ONLY:	<input type="checkbox"/> Driver's License	Staff Initials: _____	Stamp Date Received: _____
	<input type="checkbox"/> Divorce/Marriage Certificate		
	<input type="checkbox"/> Court Action	Date Processed: _____	
	<input type="checkbox"/> Social Security Card (Required for Student Employees)		
	<input type="checkbox"/> Passport		