

Quinlan Independent School District  
 Human Resource Department  
**Name and/or Address Change Form**

Social Security  
 Number \_\_\_\_\_

Campus/  
 Department \_\_\_\_\_

PRESENTLY ON FILE	CHANGE TO
*(Former Name if Name Change)  Name:	*Name change must be done in the Payroll Office. Please bring <u>proof that you have changed your name with Social Security</u> (either new card or receipt).  Name:
Address:	Address:
Phone:	Phone:

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

\_\_\_\_\_  
 Date

Your signature authorizes QISD to change your address with all of the companies that provide benefits to you through payroll deductions.