

LONGVIEW INDEPENDENT SCHOOL DISTRICT
PO BOX 3268
LONGVIEW, TX 75605

Attention: Personnel Department

**CHANGE OF NAME/ADDRESS
NOTIFICATION**

SOCIAL SECURITY NUMBER: _____

**Name currently
on LISD records:** _____

New Name: _____

New Address: _____

Signature: _____

Date

This form is used to make changes to your name and mailing address. Your name will be changed in LISD's records to exactly match your social security card. Therefore, a copy of your social security card must be attached. There can be no exceptions.