

## FWISD/EMPLOYEE RECORDS

100 N. UNIVERSITY DR., NW130H FW, TX 76107

[EmployeeRecords@fwisd.org](mailto:EmployeeRecords@fwisd.org)

### NAME/GENDER CHANGE REQUEST FORM

**NAME CHANGE – A copy of Social Security card in requested name must accompany this completed form.**

**GENDER CHANGE – A copy of Driver's License reflecting requested gender must accompany this completed form.**

You will be notified via email when your name is updated on your FWISD record

- ❖ Your logon name and email address **will not** change unless you do a footprint order with Technology at 817-814-4357.
- ❖ Be sure to update your *Emergency Contact* or *Last Paycheck Designee/Alternate* in Employee Self Service.

#### PART I

PRINT NEW NAME: \_\_\_\_\_

**EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD**

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR Munis ID: \_\_\_\_\_

10 DIGIT PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*This will not update your address, please update it in Employee Self Service.

#### PART II

GENDER CHANGE (COMPLETE **ONLY** IF YOU HAVE A GENDER CORRECTION/UPDATE)

**Please indicate your choice:**

Corrected/updated gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

\_\_\_\_\_  
Employee signature (required to validate form)

\_\_\_\_\_  
Date (required to validate form)

*Employee Records only*  
Name or Gender changed  
on file/TF

\_\_\_\_\_  
Initials/date

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