



LA JOYA INDEPENDENT SCHOOL DISTRICT

Change SSN or STATE ID Authorization Form

Instructions: Complete this form to request a change in the student's current social security number or state ID number. Attach copies of the supporting documentation for the change, such as, social security card or previous school records. Mail or fax completed form to Computer Services, 580-5086.

Campus ID _____ **Campus Name** _____

Student ID _____ **Student Name** _____
Last Name First Name MI

	[OLD]	[NEW]	
State ID	_____	_____	Reason for Change: (check one) <input type="checkbox"/> Student has provided a SSN to replace previous STATE ID number. <input type="checkbox"/> The student's SSN or STATE ID was in error. <input type="checkbox"/> Student requested his/her SSN no longer be used to identify them and a STATE ID be issued. <input type="checkbox"/> Other. Please specify. _____
SSN	_____	_____	

PLACE SUPPORTING DOCUMENTATION HERE

_____ Date Submitted	_____ Campus Designee
_____ Date Processed	_____ PEIMS Coordinator/Designee

