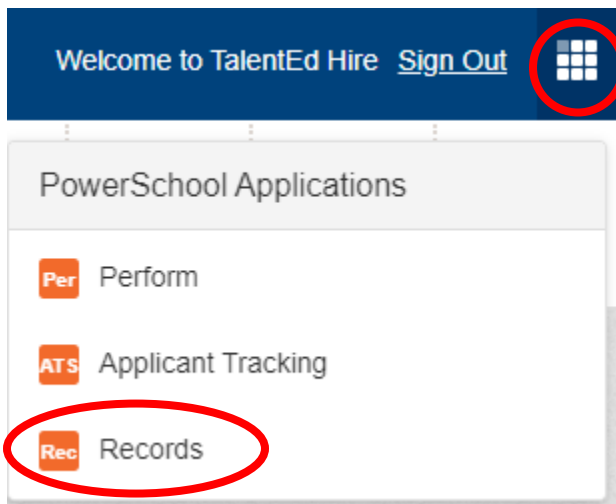


## RECORDS- Change of Address/Phone/Name Request

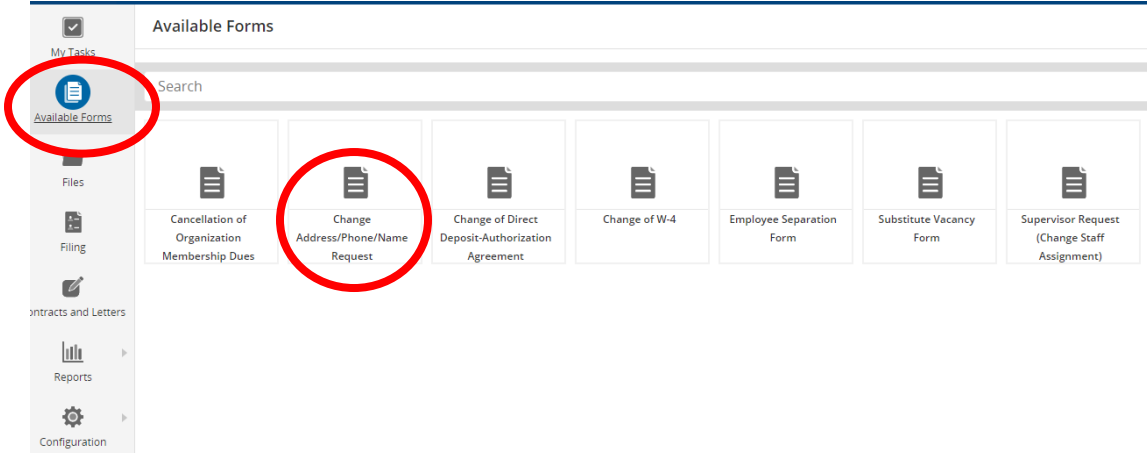


To get to TalentEd, go to McAllen ISD [MyApps](#) and click on [Talent Ed](#) icon. Login using your district email and password. If you forgot your password, click on [Forgot your password?](#) link so an email can be sent to reset password. If you do not receive the email to reset your password, call Human Resources at 618-6005.

TalentEd has three applications that can be found on top right “waffle”. Select Records.



Click on Available Forms. Then select Change Address/Phone/Name Request



On the popup, be sure and choose “Add for myself” then Add as an e-form.

# MCALLEN<sup>+</sup> ISD


## Human Resources

### 956-618-6005

Make sure to complete all required information then save final. *If it does not allow you to proceed, revise all areas highlighted and complete required blanks.* The Electronic Signature section and workflow will appear. Read and accept the Electronic Signature Statement, type your name in the signature box and select SUBMIT. If you have any questions or need assistance, please contact Human Resources at (956) 618-6005.

Change of Address/Phone/Name Request

### CHANGE OF ADDRESS/PHONE/NAME REQUEST



Please verify your Personal Information on Employee Online before submitting this form.

Check off box that applies and only enter information that has changed (required)

- Address Only
- Phone Number(s) Only
- Emergency Contact(s) Only
- ALL - Address/Phone Number/Emergency Contact
- Personal E-Mail Address (Substitutes/Part-Time Staff only)
- Name Change Only

Employee ID

Full Name

Primary Location

Job Title

### NAME CHANGE ONLY

Before a name change can be made, please obtain a new, updated social security card at the local Social Security Office prior to submitting this form. Then bring your new social security card to the Human Resources Office for verification of this request.

**It is recommended that you update your W-4 information through TalentEd Records Blank Docs.**

Choose only if your name has changed

- Name Change Only
- ALL - Name Change/Address/Phone Number/Emergency Contact

New Name as it appears on Social Security Card

Please complete only if changing name.

Close Print Print as PDF Save Draft Save Final

Change of Address/Phone/Name Request

Cell Phone

Personal E-mail address

### EMERGENCY CONTACT(S) INFORMATION

#### PRIMARY CONTACT

Name

Phone Number

(XXX) XXX-XXXX

Relationship

#### SECONDARY CONTACT

Name

Phone Number

(XXX) XXX-XXXX

Relationship

Government Code 552.024 allows the employee to choose whether to allow public access to personal information. Indicate as appropriate to either restrict or make public your personal information. (required)

	Restrict	Public
Social Security Number	<input type="radio"/>	<input type="radio"/>
Address(es)	<input type="radio"/>	<input type="radio"/>
Telephone Number(s)	<input type="radio"/>	<input type="radio"/>
Reveal whether employee has family members	<input type="radio"/>	<input type="radio"/>

By electronically signing this form, I acknowledge that I have read and agree to the information above.

Close Print Print as PDF Save Draft Save Final