EMPLOYEE CHANGE OF NAME OR ADDRESS

Name:		
(as it appears on G.I.S.	.D. records)	
Social Security Number:		
Effective Date:		
the written notice must conta	ber requesting a name change. You in both your social security number a order or marriage license which auth	and your signature. You must
(Mail to:)	Teacher Retirement System 1000 RED RIVER STREET Austin, TX 78701-8779 Questions call: 1-800-223-	
Address Change – for TRS-form	ms are located in Human Resources	
• Human Resources – Social sec	curity card copy needed to change na	ame in system
• W-4 form – Update for name	change only. Forms are located in Hu	uman Resources
New Name Change:		
Mailing Address and Phone number o	hange:	
City	State	Zip Code
·		p 3333
Phone Number: Area Code	Number	
Open Records Act The home address and telephone number the employee.	of each employee may be withheld from	n public access upon request of
Please Circle Each Appropriately Home Address Confidential: Yes No	Telephone Number Confiden	itial: Yes No
Signature	D	ate

Revised: 10/29/14 White-H.R. Yellow-Benefits Pink-PEIMS Gold-Employee