



CHANGE OF ADDRESS

Please use this form to change only address and telephone information. The original copy with your signature is required, do not fax.

Print or Type

Last Name	First Name	Middle Initial	Maiden Name
SURS Member ID # or Last Four Digits of Social Security #		Date of Birth (MM/DD/YY)	Sex

(New) Current Address

Street Address (do not use a campus address)	City, State, ZIP Code (9 digits)
Home Telephone Number (include area code)	Work Telephone Number (include area code)
Email Address	

(Old) Former Address

Street Address	City, State, ZIP Code (9 digits)
Former Telephone Number (include area code)	

Signature (required for processing by SURS)	Date
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