

CHANGE OF NAME, ADDRESS, PHONE, EMAIL OR SSN FORM

Check all that apply : ...Student ...Work Study
 ...Financial Aid

STRS members must report address changes
directly to STRS at 800-228-5453

Social Security or ID Number: _____

Current Legal Name (Please Print) : _____

PLEASE COMPLETE ONLY THOSE ITEMS THAT ARE TO BE CHANGED

NEW LEGAL NAME: LAST: _____ MIDDLE: _____ FIRST: _____
(Must present original Social Security Card or Driver's license before name change will be processed.)

PREFERRED NAME: LAST: _____ MIDDLE: _____ FIRST: _____

NEW ADDRESS:

			Effective Date
Home/Permanent	_____	_____	_____
	Street	Apt. #	
	_____	_____	
	City	State	Zip