

- ADD/CHANGE ADDRESS/PHONE
 ADD/CHANGE NAME
 ADD/CHANGE EMERGENCY CONTACT

**ADDRESS/NAME/EMERGENCY
CONTACT FORM**

PERSONAL INFORMATION (THIS SECTION MUST BE COMPLETED)		
EMPLOYEE ID # (REQUIRED)	EMPLOYEE NAME (LAST, FIRST, MIDDLE)	
HOME TELEPHONE NUMBER ()	CELL PHONE NUMBER ()	E-MAIL ADDRESS

HOME ADDRESS (IF YOU WOULD LIKE INFORMATION SENT TO A DIFFERENT ADDRESS, PLEASE COMPLETE THE "MAILING ADDRESS" PORTION BELOW)		
IN CARE OF LINE (IF NEEDED)	EFFECTIVE DATE OF NEW ADDRESS	
NEW ADDRESSEE LINE	SUITE/APT NUMBER (IF NEEDED)	
SECONDARY ADDRESSEE LINE (IF NEEDED)	COUNTY	
CITY	STATE (OR COUNTRY)	ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
IN CARE OF LINE (IF NEEDED)	EFFECTIVE DATE OF NEW ADDRESS	
PRIMARY ADDRESS LINE	SUITE/APT NUMBER (IF NEEDED)	
SECONDARY ADDRESSEE LINE (IF NEEDED)	COUNTY	
CITY	STATE (OR COUNTRY)	ZIP CODE

EMERGENCY CONTACT (IN CASE OF EMERGENCY, PLEASE CONTACT):		
NAME (LAST, FIRST, MIDDLE)		
PHONE NUMBER	RELATIONSHIP TO EMPLOYEE	

CHANGE OF NAME (A COPY OF THE LEGAL DOCUMENT ESTABLISHING THE NAME CHANGE MUST BE INCLUDED WITH THIS FORM)
NAME CURRENTLY ON FILE WITH TUSD
PLEASE CHANGE MY NAME TO

Arizona State Retirement System (ASRS) Information: If you are a member of the ASRS, you must submit the ASRS "Change of Address" form directly to the ASRS. This form can be located at the TUSD Human Resources Customer Service office or on the ASRS website at www.azasrs.gov. To find out if you are a member, please check your paystub under "Deductions". If there is an "ASRS" deduction, you are a member and must submit the ASRS form.

SIGNATURE (REQUIRED):	DATE (REQUIRED):
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