

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:

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