

NOTIFICATION OF CHANGE IN PERSONAL INFORMATION

PLEASE PRINT

Employee Name _____ ID# _____

Building _____ Position _____

Notification of change is for: Name _____ Address _____ Telephone _____

If you have a name change, your e-mail will also be changed.

When making a name change, please present an updated driver's license or social security card to legally verify your name change when submitting this form.

Please print new information below:

Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____

Effective Date _____ Signature _____

We also encourage you to update either TRS or IMRF with your changes. Forms are available on their websites.

Teachers Retirement System (TRS): <http://trsil.org/forms-and-publications>

Illinois Municipal Retirement Fund (IMRF): <https://www.imrf.org/en/publications-and-archive/forms/most-commonly-used-forms>

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(For Crouse Education Center Use Only)

Received by Human Resources Department: _____

Issued Badge (name change only): _____

Given to Comptroller: _____