



- ☐ ADDRESS/PHONE
- ☐ EMERGENCY CONTACT
- ☐ NAME

ADDRESS/NAME/EMERGENCY**CONTACT FORM**

For Address, Phone or Emergency Contact change, please change online
through PeopleSoft Self-Service

PERSONAL INFORMATION (THIS SECTION MUST BE COMPLETED)

EMPLOYEE ID # (REQUIRED)	SITE:	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 your change of address directly to the ASRS by logging into your account with the ASRS 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 your address change to the ASRS electronically.

SIGNATURE (REQUIRED):**DATE (REQUIRED):**