

as easy as

A - B - C

TEXAS TECH UNIVERSITY EMPLOYEE NAME CHANGE

A

Please change my name as indicated below:

Social Security Number: _____

Old Name: _____

New Name: _____

(exactly as it appears on your Social Security Card)

Reason for Change: _____

(A TRS requirement)

Signature: _____ Date: _____

(Required before name change will be processed)

B

Mail or bring this completed form, with a
legible copy of your new Social Security Card to:

Personnel Records
Room 155 - Drane Hall
Mail Stop 1093

C

*** If you are in the Teacher Retirement System (TRS),
mail a copy of this completed form to:

Teacher Retirement System of Texas
1000 Red River Street
Austin, TX 78701

OR

*** If you are in the Optional Retirement Program (ORP), and/or have a
Tax Sheltered Annuity (TSA) you will need to contact your carrier(s).