

## Name and/or Social Security Number Change

## **Employee or Student**

(A copy of your new Social Security Card will be required)

Please change my inform	nation as indicated below:			
Former Name:				
Last:	First		Middle:	
New Full Legal Name:				
Last:	First		Middle:	
Current Social Security N	lumber:			
Former Number (HR Sys		Former Number (Student System):		
	(Only if Social Security	(Only if Social Security Number Changed)		
Are you a Texas Tech Stu	dent currently enrolled or applying?	Yes 🔿 No Semester Last Enrolle	d:	
Are you an employee of Texas Tech University or Texas Tech University Health Sciences Center?			⊖ TTU ⊖ HSC	
Please m	ail, fax or bring completed form, with a le Human Resources Services		rity Card to	
I	Human Resource Services:	Office of the Registrar:	:	
	Employee Service Center Doak Conference Center Room 161 Mail Stop 1093 Lubbock, Texas 79409-1093 Felephone: 806.742.3851 Fax: 806.742.1371	West Hall Room 103 MS 5015 Lubbock, Texas 79409-50 Telephone: 806.742.3661 Fax: 806.742.4767	15	
Signature:		Date:		
Insurance Eligible Em	ployees:			
In order to process your	name change for your insurance please v	isit the ERS website at www.ers.sta	te.tx.us and click "ERS	
	be required to have your username and p			
Online, click on "Need a	new password?" Please make sure the Hu	iman Resource Services departmen	t has your email address	
on file prior to requestin	g a new password on the ERSwebsite.			

If you are a participant in Teach Retirement System (TRS), please indicate reason for change and mail this completed form to:

Reason for change: (TRS Requirement)

Teacher Retirement System of Texas 1000 Red River Street Austin, Texas 78701-2698 Telephone: 800.223.8778

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