



## Human Resources Department

56 S. Lincoln Street • Stockton, CA 95203  
(209) 933-7065 • Fax (209) 465-1094

**RETIREE**

### Address and Contact Record Change

Date: \_\_\_\_\_

#### RETIREE INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

SUSD Employee ID: \_\_\_\_\_ Social Security (Last 4 digits): \_\_\_\_\_

Former Department/School Site: \_\_\_\_\_

Former Position: \_\_\_\_\_ Retired Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CHANGE REQUESTED - Check the Box(es) that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Mailing Address  | <input type="checkbox"/> Phone Number(s)   |
| <input type="checkbox"/> Physical Address | <input type="checkbox"/> E-mail (Personal) |

#### NEW MAILING ADDRESS:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

#### NEW PHYSICAL ADDRESS:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

#### NEW PHONE NUMBER(S):

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### NEW E-MAIL (PERSONAL):

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

I hereby acknowledge my request for the change(s) above:

\_\_\_\_\_  
Retiree Signature (Form must be signed to be processed)

\_\_\_\_\_  
Date