

# LUFKIN I. S. D.

## *EMPLOYEE INFORMATION UPDATE*

DATE: \_\_\_\_\_

I hereby authorize Lufkin Independent School District to make the following changes on my behalf:

**Previous Information:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**New Information:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_

Reason for change: \_\_\_\_\_  
\_\_\_\_\_

These changes are to be effective: \_\_\_\_\_

School: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_



# Change of Address Notification

TRS358 (09-16)

1000 Red River Street  
Austin, TX 78701-2698  
(800) 223-8778  
www.trs.texas.gov

---

TRs Participant ID or

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

## Old Mailing Address

Address \_\_\_\_\_

Street Address or PO Box Number

City

State

Zip Code

## New Mailing Address

Address \_\_\_\_\_

Street Address or PO Box Number

City

State

Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date