

Change of Address Form for School Retirees

Name: _____ Social Security # _____
(please print) *(last 4 digits)*

E-mail Address: _____

OLD Street Address: _____

<p>NEW Street Address: _____ _____ _____</p> <p>New/Current Phone Number(s): _____</p> <p>Date of Move: _____</p>
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If you no longer reside in Virginia, state tax withholding will cease.

Signature: _____ Date: _____

Please return this form to: