

Change of Address Form for School Retirees

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

E-mail Address: _____

OLD Street Address: _____

NEW Street Address: _____

New/Current Phone Number(s): _____

Date of Move: _____

If you no longer reside in Virginia, state tax withholding will cease.

Signature: _____ Date: _____

Please return this form to: