



P.O. Box 9701, McAllen, Texas 78502-9701 · Telephone (956) 872-4448 · Fax (956) 872-4445

STC PERSONNEL CHANGE OF ADDRESS FORM

Please Print

Name: _____

Social Security Number: _____

NEW “PHYSICAL” ADDRESS:

Apartment number, lot number etc _____

Street Address: _____

City: _____ State: _____ Zip code + 4: _____

**If your check is to be mailed to an address other than your physical address please fill in the
New Mailing Address box below**

Changing your mailing address will also update insurance and TRS records

NEW “MAILING” ADDRESS:

Apartment number, lot number etc _____

Street Address: _____

City: _____ State: _____ Zip code + 4: _____

NEW TELEPHONE PHONE NUMBER:

Home Phone: _____ Cell Phone (optional) _____
Area Code Phone number Area Code Phone number

SIGNATURE _____ **DATE** _____

ENTERED BY: _____ DATE: _____