



304 New York Avenue  
P.O. Box 6588  
Oak Ridge, TN 37831  
(865) 425-9008  
(865) 425-9023 Fax

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Name: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ School/Location \_\_\_\_\_ Social Security Number \_\_\_\_\_

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Complete  
New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Primary Telephone:  Home  Cell \_\_\_\_\_

Secondary Telephone:  Home  Cell \_\_\_\_\_

Work Telephone: \_\_\_\_\_

\*If Name Change,  
Former Name: \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_

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

Phone(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

**PLEASE SUBMIT TO THE HUMAN RESOURCES DEPARTMENT**  
We will update your information in our system and with the insurance vendors.  
**You will need to complete a separate form to update your information with TCRS.**  
\*You will need to show your name change on your social security card.