

Barrington Public Schools

NAME and/or ADDRESS CHANGE

Date: _____

Name: _____

Name Change

New Name: _____

Change of Address

Old address: _____

New address: _____

Change of Phone Number

Old phone number: _____

New phone number: _____

PLEASE NOTE:

TIAA-CREFF Participants

It is your responsibility to update your information using their website.

Signature

Official Use Only

Check off list to notify of change:

- _____ Unifund
- _____ Code-Red
- _____ AESOP
- _____ Blue Cross
- _____ Delta Dental
- _____ Retirement
- _____ The Trust (life ins)