

**PLEASE RETURN TO: BENEFITS OFFICE**

Fresno Unified School District  
2309 Tulare Street  
Fresno, CA 93721

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**ADDRESS/NAME CHANGE REQUEST FORM FOR RETIREES**

\_\_\_\_\_  
*Retiree ID number or Social Security Number*

**Retiree Name: (as shown on Human Resources / Benefits Office Records)**

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial*

\_\_\_\_\_  
*Last Name*

**Retiree New Name:**

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial*

\_\_\_\_\_  
*Last Name*

**\*You must provide proof of name change (Social Security Card only)**

**New Address:**

\_\_\_\_\_  
*New Address*

\_\_\_\_\_  
*Apartment Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

**New telephone number(s):**

(     )

*Area Code*

\_\_\_\_\_  
*Telephone number*

(     )

*Area Code*

\_\_\_\_\_  
*Cell Number*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**