

PLEASE TYPE OR PRINT CLEARLY

<input type="checkbox"/> Name Change
<input type="checkbox"/> Address Change
<input type="checkbox"/> Other Data Change



**County of El Paso
PERSONAL DATA FORM**

**COMPLETE ALL FIELDS
WHICH APPLY TO YOU.**

Items in **YELLOW** indicate
REQUIRED fields.

For updates --Update only those
fields which need changing.

New Hires – All fields are required.

(As it appears on your social security card)

LAST NAME,		FIRST NAME,		MIDDLE NAME	
ALIAS	BADGE #/I.D. #/SS#	EFFECTIVE DATE OF CHANGE		DEPARTMENT NAME	
MAILING ADDRESS (STREET #, APT.)			CITY	STATE	ZIP CODE
HOME PHONE		WORK PHONE	JOB DEPARTMENT #		
1	EMERGENCY CONTACT NAME		RELATIONSHIP	PHONE # (INCLUDE AREA CODE)	
	PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
2	EMERGENCY CONTACT NAME		RELATIONSHIP	PHONE # (INCLUDE AREA CODE)	
	PHYSICAL ADDRESS		CITY	STATE	ZIP CODE

CHOOSE ONE OPTION BELOW

PURSUANT TO TEXAS GOVERNMENT CODE, SEC. 552.024,
I ELECT THAT MY HOME ADDRESS OR TELEPHONE NUMBER:

MAY BE RELEASED

SHALL NOT BE RELEASED

TO THE PUBLIC UPON REQUEST UNDER THE TEXAS OPEN RECORDS ACT.

FAILURE TO MAKE A CHOICE RESULTS IN INFORMATION BEING SUBJECT TO PUBLIC ACCESS.

Signature Required

Date



Change of Address

NOTICE

You can update your address online when you sign in to your account at www.tcdrs.org.

YOUR INFORMATION

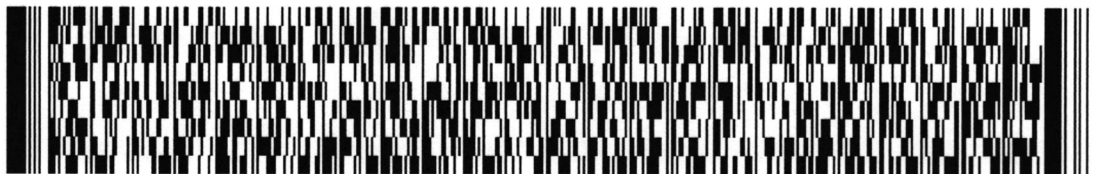
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
HOME PHONE		MOBILE PHONE	

NEW ADDRESS

MAILING ADDRESS *	CITY *	STATE *	ZIP *
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YOUR CERTIFICATION I authorize the Texas County & District Retirement System to update my address to that listed above.

SIGNATURE X	DATE
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* REQUIRED FIELDS

Any corrections or whiteouts must be initialed.