



3100 Broadway, Suite 1211
Kansas City, MO 64111
816.472.5800
www.kcpsrs.org

KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

CHANGE OF ADDRESS

Name: _____

(Please Print)

Old Address

(Street)

(City)

(State)

(Zip)

New Address

(Street)

(City)

(State)

(Zip)

(Daytime phone)

(E-mail)

Signature: _____

Date: _____

SSN: _____

Please return the original form to KCPSRS at the above address