



KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

**3100 Broadway, Suite 1211
 Kansas City, MO 64111
 816.472.5800
 Fax: 816.472.5909
 Email: kcpsrs@kcpsrs.org
 Website: www.kcpsrs.org**

CHANGE OF ADDRESS

Name (please print):

OLD ADDRESS		
Street	Apt/Unit #	
City	State	Zip

NEW ADDRESS		
Street	Apt/Unit #	
City	State	Zip

Daytime phone:	Email:	
Original (Written) Signature Required:		Date:
SSN: (Last 4 digits)		

*Please return completed form to KCPSRS via mail, fax or email as listed above.
 If this form is signed by a power of attorney (POA), we require the POA documents before the form can be accepted.*