



**PULASKI COUNTY SPECIAL SCHOOL DISTRICT**

925 East Dixon Road/P.O. Box 8601  
Little Rock, Arkansas 72216  
(501) 234-2000

**Change of Address Form**

**(Please Print Clearly)**

Employee's Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Please Check One: Certified Employee  Support Employee

Old Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to Human Resources. This form will be faxed to Arkansas Teacher Retirement System by Human Resources.