

**KILGORE ISD**  
**Human Resource Department**

**CHANGE OF ADDRESS FORM**

Please complete the following information and forward to the HR department if you have a change of address and/or telephone number. It is essential to have this information correct to ensure your W-2 and other correspondence reach you in a timely manner.\*

**Date:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Legal Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**\* Please remember not all changes can be made by this form. Any changes to benefits including name, address, marital status and/or beneficiary must be made on enrollment change forms. Strict guidelines are enforced by TRS and changes must be made within 30 days of event date.**