



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax: (518) 431-8798

DISTRICT CONTACT CHANGE

This form is used to notify NYSTRS of a change in the Employer Reporting Contact and Human Resources Contact only. For a change in the Chief School Administrator use form QTR-81A. The CSA must sign the bottom of this form to authorize use of the information provided. In order for NYSTRS to send forms and supplies by UPS, please provide a street address.

PLEASE NOTE: Any changes to the Employer Secure Area (ESA) contacts must be done directly on ESA.

DISTRICT NAME	DISTRICT CODE
DISTRICT STREET ADDRESS	DISTRICT P.O. BOX
CITY/VILLAGE	ZIP CODE

Employer Reporting Contact (examples - Business, Payroll, Personnel Officer or Clerk). The person who should be contacted for answers to questions concerning the Employer Reports and other related matters.

NAME	TITLE
PHONE NUMBER	EXTENSION
FAX NUMBER	EMAIL ADDRESS

Human Resources Contact. The person who should be contacted for answers to questions concerning personnel matters.

NAME	TITLE
PHONE NUMBER	EXTENSION
FAX NUMBER	EMAIL ADDRESS

If the address for the ER or HR contact differs from the district address, please provide the address below along with the name of the contact. For additional address, please contact NYSTRS at (800) 348-7298, Ext. 2825.

CONTACT	
STREET ADDRESS	P.O. BOX
CITY/VILLAGE	ZIP CODE

You may fax the completed form and requested documents to NYSTRS at (518) 431-8798 or by mail to the address at the top of the form.

CHIEF SCHOOL ADMINISTRATOR'S SIGNATURE	DATE
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