



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395
Fax: (518) 447-2979

DISTRICT CONTACT CHANGE

This form is used to notify the System of a change in the Chief School Administrator, the certifying contact, the Employer Reporting Contact, or H.R. Contact. The Chief School Administrator **must** sign the bottom of this form to authorize use of the information provided. In order for us to send forms and supplies by UPS, **please provide a street address.**

CHIEF SCHOOL ADMINISTRATOR (e.g., *Superintendent, Acting Superintendent, President, or Acting President*): The individual responsible for the reporting location. This individual is authorized to sign the Certification Statement accompanying the location's Employer Report.

NAME	TITLE	NYSTRS EMPLID	
DISTRICT NAME		LOCATION CODE (4 DIGITS)	
DISTRICT STREET ADDRESS	CITY	STATE	ZIP CODE
DISTRICT P.O. BOX	TELEPHONE NUMBER	EXTENSION	
E-MAIL ADDRESS		FAX NUMBER	

CERTIFYING CONTACT (e.g., *Assistant Superintendent, Business Officer, Payroll, or District Clerk*): The person authorized by the Chief School Administrator to sign the Certification Statement on his/her behalf.

NAME	TITLE
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EMPLOYER REPORTING CONTACT (e.g., *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		
STREET ADDRESS	CITY	STATE	ZIP CODE
P.O. BOX	TELEPHONE NUMBER	EXTENSION	FAX NUMBER
E-MAIL ADDRESS	DISTRICT NAME		

Is the Employer Reporting contact authorized to certify Employer Reports? YES NO

H.R. CONTACT: The person who should be contacted for answers to questions concerning personnel matters.

H.R. CONTACT NAME	CONTACT E-MAIL ADDRESS	CONTACT PHONE NUMBER

CHIEF SCHOOL ADMINISTRATOR'S SIGNATURE	DATE
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