



NEW YORK STATE TEACHERS' RETIREMENT SYSTEM
10 Corporate Woods Drive, Albany, NY 12211-2395

DISTRICT CONTACT CHANGE

This form is used to notify the System of a change in the Chief Administrator, the Authorized Designee, the Designated Contact, or the Electronic Reporting Contact. The Chief 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 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	

CHIEF ADMINISTRATOR'S AUTHORIZED DESIGNEE (e.g., *Assistant Superintendent, Business Officer, Payroll, or District Clerk*): The person authorized by the Chief Administrator to sign the Certification Statement on his/her behalf.

NAME	TITLE
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CHIEF ADMINISTRATOR'S DESIGNATED 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 designated contact authorized to certify Employer Reports? YES NO

ELECTRONIC FILING OF MONTHLY REPORTS - CONTACT INFORMATION

CONTACT NAME	CONTACT E-MAIL ADDRESS	CONTACT PHONE NUMBER

CHIEF ADMINISTRATOR'S SIGNATURE	DATE
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