

Richland Parish School Board

411 Foster Street/PO Box 599

Rayville, LA 71269

Phone 318-728-5964 Fax 318-728-3091

Date: _____

Name: _____

SSN: _____

Please change my Name/Address: (Verifying Documents Attached if Necessary)

From: _____

To: _____

Phone # Day: _____

Evening: _____

Signature: _____

Employee

.....
FOR OFFICE USE ONLY

Please provide this information to (check those which apply)

Personnel	(Date Done)_____	(By)_____
Office of Group Benefits, State of LA.	(Date Done)_____	(By)_____
Teachers Retirement System of LA.	(Date Done)_____	(By)_____
or Louisiana School Employees Retirement	(Date Done)_____	(By)_____
Other: _____	(Date Done)_____	(By)_____